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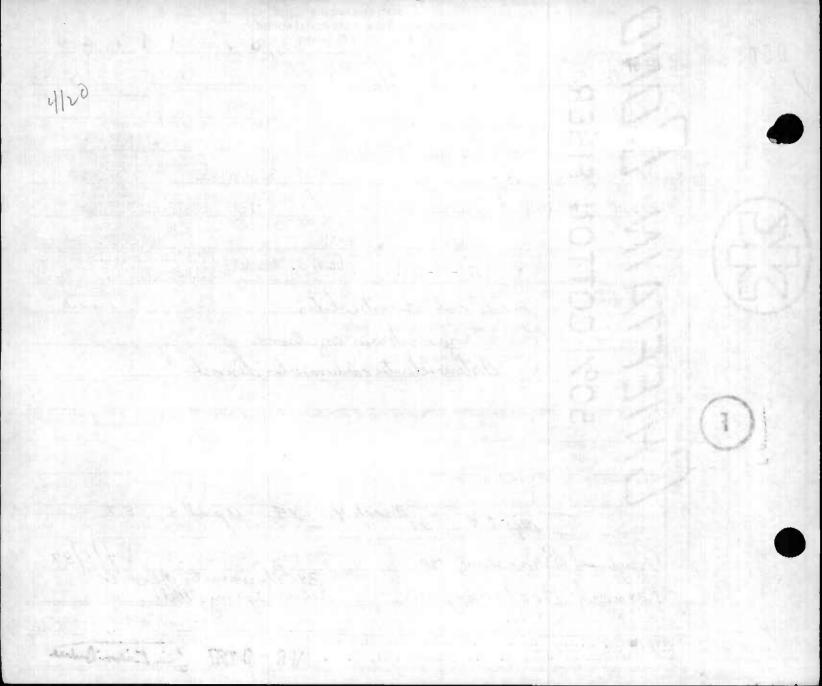
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PARTMENT	OF HEALT	H AND M	ENTAL	HYGIENE
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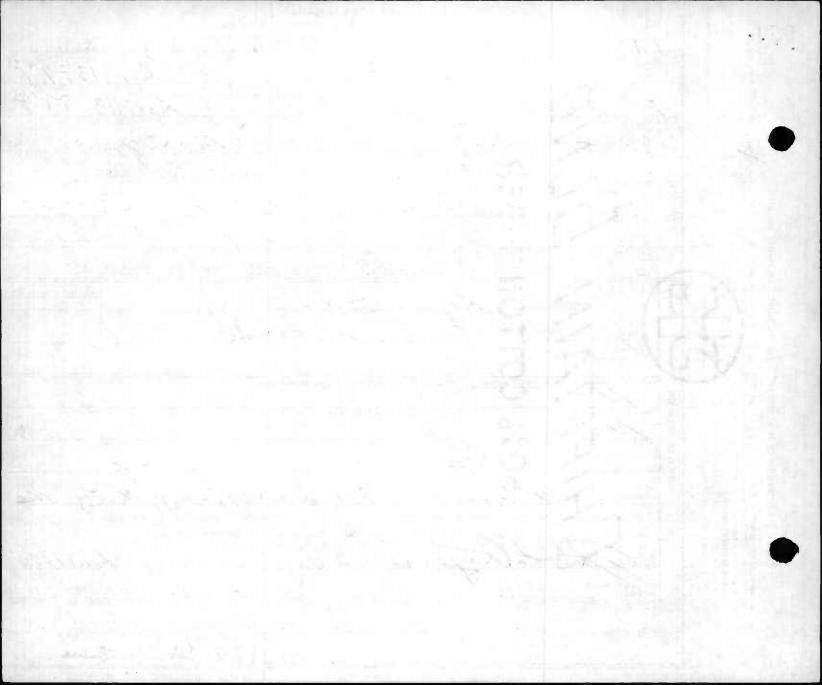
77:	7 100	1.	FOR STATE REGISTRAR	DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 / 2	2 2
be 3	deoth		GEASED NAME FIRST Helen	Brucks		all	April 14,		1220 A
4 moy	offerd	3. SEX Female		4. RACE 5. DATE O		рг віятн У 13°, 18°93	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 2444,
eoth. Pognerol direct	n X2 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? United States	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO		У мр
s ofter d			evy Chase	11. NAME OF HOSPITAL, NURSING BETHESTATITY RETELL	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
n 24 hour	Pool of State of Stat	130. M	aryland Monto			13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP 8808 Liber		20854
ed withi	15/	J.	ATHER'S NAME Robert	Brucks		is. Mother's Maiden NAM Bertha	WE	Myer	ST
se execut	. Pogn.		VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	T 144 0 0 0 0 4 1 1 1 1	9107	17 INFORMANT Daug. Barbara Ha	hter ADDRESS ll Jennings	Same a	s 13
physicio npopers movol.			APPROXI BETWEEN	ONSET AND DEATH					
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he low requir on. hos been sig	ene prior to b	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH (200 AUTOPSY? 20b.	. IF YES, WERE FIND IN CERTIFYING CAUSES YES	NGS USED
SICIAN. T og physici certificote	ento! tronsi	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
offendir offer this	os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOWN	county	STATE
spital or CTOR: A	of Heal		saw the deceased alive on above (I) (we) (did) (did no	tol) offended the deceosed from 19 11 view the body offer deoth.	1980	nd that in (my) (our) apinion o	deoth occurred on the date or	9, 10	that (I) (we) lost couses stated
by the ho	Stote Dept		1226. SIGNALIRE ATTENDING MEDICAL STAFF APT. 14						
o HOSP etoined b	should be de with the Stote IMPORTANT:		James McMur	ray, M.D.			racy Blvd.	Bethesda	, MD
BP			URIAL, CREMATION, REMOVAL SPEUrial	16, 1987 Fo:	rt L	incoln Cem.	23d LOCATION CITY OR TOWN Brentwood	i, Maryla	and
	5 60M 7/84 15, 4)	Be 7	thesda-Chevy 557 Wisconsir	A.Pumphrey F Chase, Incomes Ave Bethesda	uner .MD	20814	APR 1 6 1987	EGISTRAR'S SIGNAT	URE Roubes

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	1	Programme of the second		STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	11123
0.07	1 05	REGISTRAR	MIDDLE	LAST	REG. NO	
£ 0 0	I THRE	OF PRINTU	MIDDLE	41.5-0	M. DATE OF DEATH	MONTH DAY YEAR 26 HOUR.
depth	3. SE	REUBEN	4 RACE	Is DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS
s of the state of		MALE	WHITE	MONTH DAY YEAR	79	MONTHS DATS HOURS MIN.
hour Com	7a. BI	RTHPLACE (STATE OR FOREIGN USSIA	TE CITIZEN OF WHAT COUNTRY?	MARRIED DEVERMARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
E 9/		,	USA	WIDOWED DIVORCED	MON	160MERY M
90		LVER SPRING	11. NAME OF HOSPITAL, NURSING THE NOTION STATE ACTUALLY CALLS STATES BEL PRE HEALT	H CARE CENTER	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O MERCHANT	126 KIND OF BUSINESS OF INDUSTRY GROCERY
De 1	JJSU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		20006
<u> </u>			GOMERY SILVER.		1925 MERK	RIFIELDS DRIVE
100	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	I AME	
30	6	ODEL	HALPER	MARY	WIDDLE	(UNASCERTAINABLE)
nedicol	16a, V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION	ALLANT		SSMERRIFIELDS DRIVE VER SPRING. MARYLAND
the medico					SILV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,	1	PART I. DEATH WAS CAUSE	ly one couse per line far (0), (b), ar D BY:	diverticulit:		1 sulch
6		IMMEDIAI	E CAUSE (a)	cooningens	4	
E O		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	hase	
o tro		gave rise to immediate couse (o), stoting the	6) 2.77	e worm somass		
othe		underlying couse last.	DUE TO OR AS A DONSEOU	Perotic cardiovaseus	ar disease	
	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART ITO
1 7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
X	E				YES NOXX	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
1	E S	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	
17	CAL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
2	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
Dog	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE.	FARM ETC) STREET	CITY OF TO	WN COUNTY STATE
MO III			tol) ottended the deceased from	March 4 , 19 45	5 to april	5 198.7 that # (we) las
21.		sow the deceased alive on	195	7 , and that in (my) (aur) opinio	n death occurred on the do	ate and have and from the couses stated
i i		22b. STGNATURE	2 A A	DEGREE		22 DATE SIGNED
		(Xrumond &	rodshow ME	ATTENDING PHYSICIAN	MEDICAL STATE	IAN 1 4/5/87
23/	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS 345	University	Bluf Ix
PORT /		Kaymond F	Bradshaw. M	D. Silve	Sosing	Ind.
1 3		URIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF CEMETERY OR CREMATORY	MI LOCATION	
	B	URTAL	4/7/1987 KII	NG DAVID MEMORIAL	GARDEN FAL	LS CHURCH, VIRGINIA
M 7/84		DARALDIREGIOR STEIN				256 REGISTRAR'S SIGNATURE
4)	2	32 CARRULL STRE	ET, N. W., WASH	INGION, D. C. API	R - 9 1987	is Turidorn Randallo
-	The state of the s					



	1	FOR			MARYLAND TH AND MENTAL HYGIER	ME	
051584 10		STATE BEGISTRAR	MEI		CERTIFICATE OF DE		4 7 9 4
	T. DE	CEASED NAME FIRST	77120	WIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 75 HOUR
対象が発音	(TYF	Dic	ine.	н. н	ammonds	OF ESTI- DEATH MATED	Dou113.8145
돌음프랑	I. SEX		DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER I YR. JIF UNDER 24 HRS.	2c. DATE	MONTH DAY YEAR 21 HOUR
ON STATE		F BIX	Jan. 15,	1964 23 YRS.	NTHS DAYS HOURS MIN	PRONOUNCED DEAD	041/13 1987 6 N
A CARAGES	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CHIZEN UP VVF	MAI COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF DEATH
		Carolina	U.S.A.		OWED DIVORCED	Mor	Egomery MD
15 TO THE STATE OF	VI.		(IF NOT IN SUCH	pital, nursing home, or o ling Creek Roa	THER INSTITUTION 128 US	BUAL OCCUPATION (R MOST OF WORKING LIFE) retary/Bea	TYPE WORK 126 KIND OF BUSINESS OR INDUSTRY
90 × 80 ×	LUSU/	Lver Spring	AE OR OHALL HAD MUTION, GIT	VERESIDENCE BEFOI SSIDELL			
SCHOOL S		tate ryland 13t co	rtgomery	Silver Spring	13d. INSIDE CITY LIMITS? 13e STI	7 Falling	Creek Road 20904
10 mm m m m m m m m m m m m m m m m m m		ATHER'S NAME	regemere		15 MOTHER'S MAIDEN NAM	F	
9 55586		Emory	v wust E	Hammonds	Gladys	WIDDLE	Locklear
N N N N N N N N N N N N N N N N N N N	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	
AALT SIAFI SIAFI VISIG		no		213-94-5853	Gladys Smith	mother	same as #13
MAN WATER	-	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line SED BY:	for (o), (b), and (c).)	1	11-07-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON SERVICE ON VAL.	16		TATE CAUSE (0)	AS CONSEQUENCE OF	51872	3	
EMPLEN SERVICES SERVI		Conditions, if ony, wh	ich	Carlo Collector	Monoxidi	- /-	
S TRANS	1	gove rise to immedia couse (o) stating the und		AS A CONSEQUENCE OF			
A BANKO	18	lying couse lost.	(c)				
8 853888		PART 2 OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH I	BUT NOT BELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1 to		
- CASSES	CERTIFICATION	/ Bre					
TAL M RD "HEF USED OF HE	NO.	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
BIVISION OF VITAL BITING THE WORD RITING THE WORD SE SHOULD BE US TE DEPARTMENT OF TO PRIOR TO BURIA	₩.	210 EXTERNAL CAUSE WAS	21b. TIME QF	INTURY Tale	HOW INJURY OCCURRED LENIER	DAIATURE OF WILLIAM IN ITEM	YES NO N
ERTIFICATE SHING THE CYTS SHOULD BE CEPARAMENT OF THE CYTS SHOULD BE CEPARAMENT OF BURNEY OF BUR		UNDERLYING OR	HOUR AIN	MONTH DAY YEAR	7	2	1 - B -
ISIO ISIO	MEDICAL	CONTRIBUTING CAUSE C	21e PLACE C		LOCATION J	ing sv	E-ya
	X	WHILE NOT WHILE	STREET, FACT	TORY, FARM, ETC.)	STREET CHECK M	CITY OF TOWN	MAND MA
		22a I certify that I took ch	orge of the remains des	cribed above held on Aut	opsy Inspection .	Inquiry .	ond in my opinion
NA PER PET			oturol couses	Accident , Suicide		etermined monner],
EERTIED BOIRE		771	DOL		TITLE (SPECIFY)		
A HE HE WAY		SIGNATUR	-10	gers,	M.D. Oc MEC	DICAL EXAMINER	SIGNOPY (1319+7
S S S S S S S S S S S S S S S S S S S		ENAMER'S NAME	Tahu C Pos	one UD	1010 Comi	inatu Dd	Ciluat Cotina Md
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER PEATH, WITH THE SIT BATTEMORE, MARYLAND, 2	22a B	(FAPE OF PRINT) URIAL, CREMATION, REMOVA	John S. Rog	23c. NAME OF CEMETERY		OCATION	Silver Spring, Md.
	(:	orial, cremation, remova Burial		37 Harmony Men	(11)	Y OR TOWN	nce Georges Md.
07/84 BP 25M DHMH - 17			ancis Japaneso	ollins. Ir.	250. DATE REC'D. B		EGISTRAR'S SIGNATURE
(VR A15 ME (5))	5	00 University	Blud. W. S	Silver Spring.	Md. 2098R24 19	387 Julia d	Teridor Rudale



	STATE OF M	ARYLAND	
DEP	RTMENT OF HEALTH		IYGIENE
	CERTIFICATI	E OF DEATH	8 /
MEDDIE	AACT	-	D. DATE

	1.	STATE	DEPAR		EALTH AND MENTAL HYG	SIENE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO.	1/23
APR		CEASED NAME A FIRST	MIDDLE	11	AST /	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
(-)	() IFE	Dea	frice N.	H	and ing	4	EATH MONTH DAY YEAR 2b. HOUR 4 12 8 7 6.2 IS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 YRS. ICITY OR COUNTY OF DEATH COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COUNTY PROSIDE SKINNEY ADDRESS / ZIP CODE LOBANA Drive SKINNEY ADDRESS HUSBAND SKINNEY APPROXIMATE INTERVENIONSET AND D COMPAND COMPA
	3. SE	(4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	
1	F	emale	Caucasian	Sept		53	
19	o. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2.4	NEVER MARRIED		
1	Was	shington, D. C.	USA	WIDOWE		Montgomery	
10	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C		120 USUAL OCCUPATION	126. KIND OF BUSINESS
26	sil	ever Spring	Holy Cross Hos			Clerk Typist	
11	USU.		R OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	136. INSIDE CITY LIMITS?		
2			gomery Silver.				
10		THER'S NAME		o, o o c c c	15 MOTHER'S MAIDEN NA	ME	
00		Charles	Neal Neal		Pinkie	WIDDIE	6401
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRESS	Skottlet
1	No		VE WAR OR DATES! 220-28	-5393	Franklin E.	Handina Hush	and Camp as 12
	-				manach C.	nwaarig nasbe	APPROXIMATE INTERVA
			nly ane cause per line far (a) (b), o	1.66	rentiated	5911 am	
6		IMMEDIA	TE CAUSE (a)	0/110	Carcian	1 1	70-7
		A Section 1	DUE TO, OR AS A CONSEQ	UENCE OF	- 00 7,00 V	and the	
		Canditions, if ony, which gove rise to immediate	(b)			mers.	
		cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF			
		DADY O CYLIED SIGNIFICANT	(c)				
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING IC	D DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDILIC	ON GIVEN IN PART TIG
1	ATIK	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
+	DIE.						CERTIFYING CAUSES OF DEATH?
1	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN I	
4	M	OR CONTRIBUTING CAUSE OF DE				(Civical Indiana St. 1991)	
1	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
1	WE	HALL NOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.))PRE1	CITY OR TOWN	COUNTY STAT
			and the state of the	9/	56	4/12	1 87
			itali attended the decounted from		d that in (my)(our) opinion	death occurred on the date of	
		abore (fil we) (did) (did n	at view the body after deoth.			death occorred on the gare a	
		THE SIGNATURE	()	20	DEGREE	MEDICAL _ STAFF	III. DATE SIGNED
-		10avra	Cours		ATTENDING PHYSICIAN P	DIRECTOR PHYSICIAN	0 19/1 70
/		224 PHYSICIAN'S NAME HAPE			22e ADDRESS	versity BI	vd & Dag
\perp		David C	romwell		1º SII ver	Spulla	md 2090
-	23a. E	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d TOCATION O	COUNTY STATE
		Cremation	Apr. 15, 1987 Ma	tropol	itan Cremator	y Alexandria	Vincinia
/84	24 FI	NERAL DIRECTOR Franc	is J. Collinsones	Ir.	250 DAT	APR BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	500	University Bl	ud. W. Silver St	orina.	Md. 20901	HI II T O 4001	June Mangers - Kangar

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33002 5vis	of American		iller Letius	estament to	Veterland
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id so one in	Paralism Instan	3 - 1 day	E085-13-037		
	D) S SMIN S A				

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LEARED BY M.E. 05 1070 A	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 REG. NO. 1	1/26
3 74	1. DECEASED NAME FIRST (TYPE OR PRINT)	ELSE MARIA HARLAN	IDER	APRIL 14 1987	6:35 F
ge 4 mg/ ector, po rs offer d	3 SEX FEMALE	4 RACE CAUCASIAN	5. DATE OF BIRTH MARCH 18 1912	6. AGE (IN YEARS LAST BIRTHDAY) 75	H UNDER I YEAR IF UNDER 24 HRS
Of the state of 1	a BIRTHPLACE (STATE OR FOREIGN COUNTRY) FRANCE	76 CITIZEN OF WHAT COUNTRY? UNITED STATES	8 MARRIED NEVER MARRIED NOWED NOWED NOWED NOWED NOWED NOWED NOW	9 BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH
	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ALDRESS) AL HOSPITAL	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE CHILD CARE.	12b. KIND OF BUSINESS OR INDUSTRY
AND 2112	USUAL RESIDENCE (IF NURS 13a. STATE VIRGINIA		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6 CANTERBURY SQ	
(D)0/	14. FATHER'S NAME FIRST KARL WALLE	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST KAROI	LINA HOFFMANN	LAST
13		MED FORCES? 166. SOCIAL SECU NE WAR OR DATES) 102-34-		ADDRESS IRAKIS,6 CANTERBU	RY SQUARE, #30
BAIT core i core i peod out, the	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	aly ane cause per line far (a), (b), and		IA, VA 22304	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PULMONARY EMBOLISM IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES V 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STREET (AT HOME STREET FACTORY, OFFICE FARM, ETC.)

NOT WHILE MARCH 1087 APRIL 14 87 22a.1 certify that (1) (this haspital) attended the deceased fram APRIL 87 saw the deceased alive an

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE MM ATTENDING MEDICAL STAFF

PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS NAVAL HOSPITAL

D. G. LITAKER, LT, MC, USNR BETHESDA, MD 20814-5011 23d LOCATION

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CREMATION CHAMBERS CREMATORY

RIVERDALE

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR Cd. INC. 865T GEORGIA AJE. SIWEN SAKING. MD.

NO [

STATE

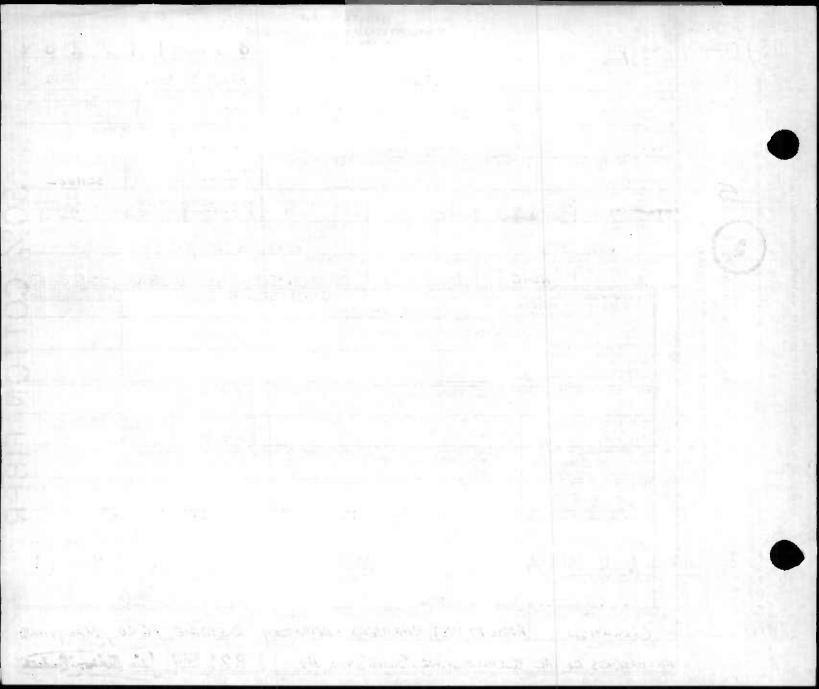
COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

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	FOR
ŀ	STATE

STATE OF MARYLAND

DEPARI	MENT	Jr H	EALIN	UNA	MENIAL	ı
	CER	TIF	ICATE	OF	DEATH	

8	1	REG. N	10.	1	
DAT	FOF	DEATH	MONTH	DAY	- 0

		REGISTRAR			CERTIF	ICATE OF DE	AIR	REG. NO	D.	1 .)	2
2	I. DEC		IRST C.E.	CELIA	l	LAST		20 DATE OF DEATH	MONTH DAT	YEAR 26	HOUR
2	(IMPE	OR PRINT)	LILLIAN	HARN	1AN			APRIL 13 1	987		7:00 P
	3 SEX	ζ	4. RACE		5 DATE OF BIRTH						FUNDER 24 HRS
		FEMALE	CAUC	CASIAN	SEP.	TEMBER 1	EMBER 12 1921 65			NIHS DAYS H	IOURS MIN,
J		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUNTRY?	B AAA DDIE	D NEVER MA	APPIED [9. BALTIMORE CITY O	R COUNTY O	FDEATH	
	N	EW YORK	UNITE	STATES	WIDOWE		ORCED A	MONTGON	1ERY		MD.
1		TY OR TOWN OF DEATH BETHESDA		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET NAVAL HO	ADDRESS		NOITUT	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST O HOUSEWIFE		12b. KIND OF B	IUSINESS OR
	13a S		OME OR OTHER INSTITUT COUNTY SUSSEX	ON, GIVE RESIDENCE BEFORE 130 CITY OR TOW SELBYVII	N	13d INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS A		ESTATE	S 19975
10	A FA	THER'S NAME				15 MOTHER'S					
1	2	HENRY :	BERNSTELI	V LAST		FI	ANN	C. MCNULTY		LAST	
7	lóa V	VAS DECEASED EVER IN			RITY NO.	17 INFORMAN	IT	ADDRE	SS		
5	(,	VES NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES	060-14-	-9202	JOYCE	I.GOMO	LJAK,611 BI	EACH DR	IVE, ANN	APOLIS,
		18. CAUSE OF DEATH	Enter only one couse	per line for (a). (b), an	diesi	MD	21403			APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
		PART I. DEATH WAS	CAUSED BY:	RESPI		RY ARRES	Т				
		IM			NCE OF				_		
		Conditions, if any, w		OR AS A CONSEQUE	STATIO	CRENAL	CELL C	ARCINOMA			
		gave rise to immed cause (a), stating	iote								
		underlying cause	lost	OR AS A CONSEQUE	NCEOF						
		PART 2 OTHER SIGNIFI	ICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Iro	
	NO.										
1	CERTIFICATION	190 DATE OF OPERATIO	N 196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FINDING	
L	Ē							YES NOX	YES	NG CAUSES OF	NO [
7	E	21a. ACCIDENT WAS UNDERL		E OF INJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
7	AL	OR CONTRIBUTING CAUS	SE OF DEATH	A.M MONTH DA	AY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLA	CE OF INJURY		211 LOCATION	V	CITY OR TO		COUNTY	STATE
	Σ	WHILE NOT WHILE	[AT HOME	STREET, FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TO	AA CA	COUNTY	STATE
		22a.1 certify that (I) (th	is hospital) attended	the deceased from_	APR		19_87	10 APRIL	3 19	87 the	ot (I) (we) lost
				TT 10	87	nd that in (my) (our) opinion o	death accurred on the de	ate and hour o	and from the co	uses stated
		22b. SIGNATURE	(did not) view the bo	dy offer death.		DEGREE				22c. DATE SIC	
		22	Sdo	~ m			TENDING	MEDICAL STAI		14 Apr	1187
1		22d. PHYSICIAN'S NAMI	E (TYPE OR PRINT)			22e ADDRESS		HOSPITAL		1	
/		D D DOT	AN TT MO	LICND					1/ 501	1	
	23n P	R. P. DOL			NAME OF C	EMETERY OR CE		SDA, MD 208	14-701	1	
		SPECIFY)						CITY OR TOWN		COUNTY	STATE
	24. FU	CREMATION UNERAL DIRECTOR	IAPR	15,1987	UP.	DAR HTI		Suit a			E
							1 25 6 3 6	1 1 1000	/		

DHMH - 16 60M 7/84

retained by the haspital ar

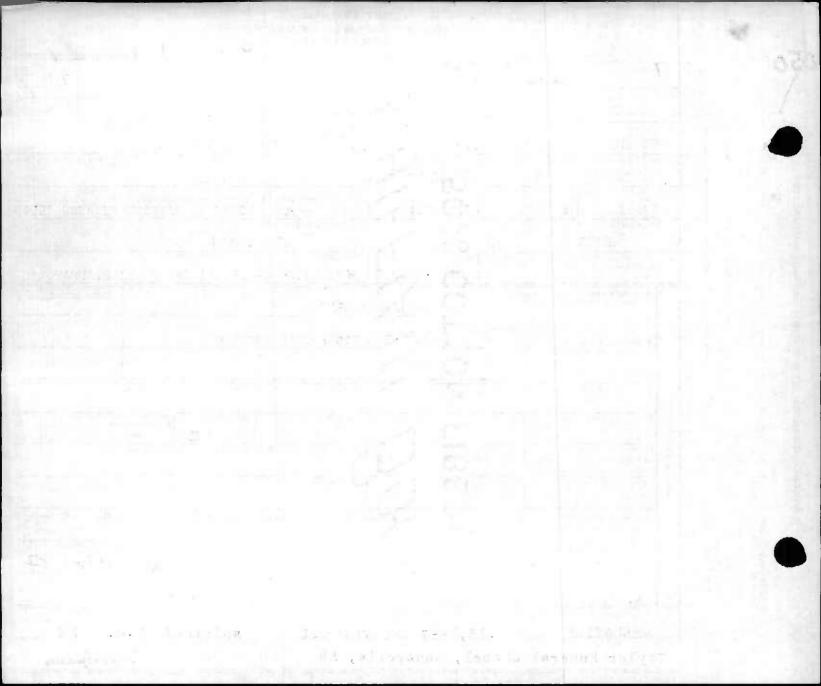
(VRA 15, 4)

IMPORTANT: If hem 21 is marked or them 18 shows should be detached for use as the burial-transit of with the State Dept. of Health and Mental Hygien

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3—should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygierie prior to befind, cremation, ar removal.

TayTor Funeral Chapel, Thhapolis, MD

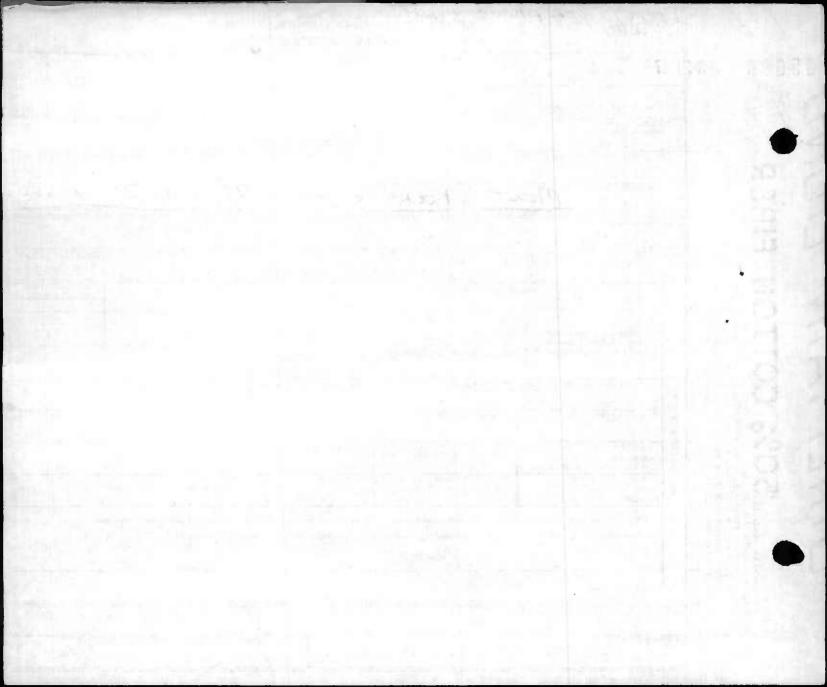
Julia Davidson Randales



T	tem 13 per FOR DAD STATE DAD REGISTRARA, 22a., G-		1/22/87ST DEPARTMENT OF	ATE OF A	AND MENTAL H					
	CEASED NAME MED. EMEM.			NEK 5	ERTIFICATE C	0	REG. NO		2 8	76 HOUR
	E OR PRINT			T	in reconst		F ESTI-		7 1987	28 HOOK
3. SE)	Alice	5 DATE OF BIRTH	M.		IDER I YR. IF UNDER		ATE	MONTH	DAY YEAR	2d HOUR
-00	Eemale white	4/15/18	PEAR LAST BIRTH	DAY) MONTI	HS DAYS HOURS	MIN PRON	OUNCED	4	7 1987	7:25 P M
FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WE			ED NEVER MARR	IED 📙	TIMORE CITY C	_		
	Maryland TY OR TOWN OF DEATH	U.S.A.	PITAL, NURSING HO	WIDOW			Montgo CUPATION (TYP	ad-	County 176 KIND OF BL	MD
	Rockville	Shady G	cove Hospi	tal	ER INSTITUTION	FOR MOST OF	working (ife)	E OF WORK	or indust	RY
130. 5	AL RESIDENCE (IF IN NURSING HOME TATE 136. COU.	TIMORE	130 EU OR TOWN	11/19	13d INSIDE CITY LIMITS?	130 STREET AC 3713	Kennew	DR.		950 1218
	ATHER'S NAME				15. MOTHER'S MAIDE			2011		1010
	William	T. I	Lawson		Emelin		WIDDIE	H	are	
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR		17. INFORMANT		ADDRESS		ockvil	
1	no		215-28-	5826	Rev.Dr.F	Richard	Reich	ard	9701 V	eirs
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE								APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	IMMEDIA	TE CAUSE (a) Art	erioscleroti	c Cardi	ovascular Di	sease				
			AS A CONSEQUENC	E OF						
	Conditions, if ony, which gave rise to immediate	(b)	0.00							
	cause (o) stating the <u>under</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF						
		(c)								
NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TE	RMINAL OISEASI	E OR CONDITION GIVEN IN PA	RT 1 a				YP
CATH	196. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	?
TIFF									YES 🖭	NO 🗌
MEDICAL CERTIFICATION	21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YE		OW INJURY OCCURRE	D (ENTER NATURE)	BI MƏTI MI YRULMI ƏC	PART I OR PAR	T 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	СПУС	OR TOWN	cou	YIM	STATE
	22a. I certify that I taal char	/ FUV	.//	Autop		n . Inq	uiry . an	d in my ap	inion	
	death resulted from:	officongen 141.	Acceptance	ovicide	, Homicide .	Undetermine	d monner			
	ACTUAL M	al li	com	М.	TITLE (SPECIFY) D Assistar	T MEDICAL E	YAMINER	DATE	488	7
1	EXAMINER'S NAME Char	cles P. Ko	kes. M.D.				, Balto			
23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF C			23d. LOCATIO	N			
(5	Burial	4/13/198			Park Cem.	Balt	imore.	COUN	IZ YII	ATE
24 FI	UNERAL DIRECTOR TOME Hysong Co.				250 DATE I	REC'D. BY REGIS	TRAR 256 REGI	STRAR'S SI	- Pandaes	
					ALI	100	4			

07/84 25M

DHMH 17 (VR A15 ME (5)



				FOR		DEBARYA		E OF MARYLAND	trate	
0 5			1 -	STATE REGISTRAR		DEFARIN		ICATE OF DEATH	8 / REG. NO	1/29
051	1272	1917	I DEC	CEASED NAME FIRST BOOK PRINT)	dna A	HARRISON	4	A51	20. DATE OF DEATH MONTH	6 87 1115 A
->	ge 4 may ector, po irs after d		3 SE)	Female	4 RACE White		S. DATE O	OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
	eath. Pa neral dir	09		RTHPLACE (STATE OR FOREIGN OUNTRY)		what COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITY OF DEATH
10	by the fu	70	to ci	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	& HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY
ND 212		mistripe		AL RESIDENCE (IF NURSING HOME OF TATE 13b COUL)		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Potomac	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP 10804 Lock1	CODE 20 04
MARYLA	mpletely and 2 sh	Comine	14 FA	THER'S NAME PRINT Paul	MIDDLE	Vlach	os	15 MOTHER'S MAIDEN NA FIRST Kate		Vitsas
MORE,	ond cal	medical		AS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Same as item	
1 W. PRESTON ST., BALT	dean phonon phon	arpther traumatic event, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	TE CAUSE (a) DUE TO, O	R AS A CONSEQUE	NCE OF	arre		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201	en signe Then p	o la	NOI	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 1 0
A	The law ion. In permit	2 Swows	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VIT.	SICIAN: ng phys certifica ritial-tra	Gr Hem 18 S	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	HOUR A. P. 21e PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITE	
DIVISION	DinG or off After After se as th	Hadriked	W	WHILE AT WORK AT WORK 22a certify that (1) (the hosp		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET 19-8-4	CITY OR TOWN	COUNTY STATE
•	OR ATTENTE PROPERTIES OR ATTENTED PRECTOR COCHED for U. Dept of H.	3		saw the deceased alive or above. (1) (an) (did) (dul) 276. SIGNATURE		5-15 197		DEGREE	medical STAFF	d hour and from the causes stated 224 DATE SIGNED
	O HOSPITAL etained by th TO FUNERAL should be dete	NA X		22d, PHYSICIAN'S NAME (TYPE C	OR PRINT)	auba	5	22e ADDRESS	ISCONSIN	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE 4/9/87 Sans, Inc. 5130 WI Ave. NW Wash., DC 20016

23a BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

Suitland, MD

COUNTY STATE

APR 1 4 1987 July Design APR 1 4 1987

4/15			eime
	31		
appli I restauron	1000		
losok tecking st.	x	outstand type of t	mod la CH
	et et al - C	DOMESTIC	Line
EC west ne emi			ox.
READ RA LABOUR			
Co. heretain.	· — —	TAPART C Soler, Tho.	Jeknalije ov za osak

APR 2	8	FOR STATE REGISTRAR		MENT OF HEALT	MARYLAND H AND MENTAL HYO TE OF DEATH	8 7 REG. N		7 3	0
		CEASED NAME FIRST	LLE ELANDA	LAST		20 DATE OF DEATH	MONTH 2	1987	26 HOUR
	3 SEX	CHANTE	1 RACE	5. DATE OF BIR	IN >	6. AGE (IN YEARS LAST BIR	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	BLACK	APRIL	2. 1987	_	YRS	MONTHS DATS	HOURS MIN.
50		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
50	10 61	TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL NURSIN	WIDOWED	DIVORCED [MONTGE	MER	1 COUN	MD.
28		VER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET HOLY CROSS			(TYPE OF WORK FOR MOST O		E) INDUSTRY	NE
6	13a S	THER S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW.	ENG 13d YES	INSIDE CITY LIMITS? NO NOTHER'S MAIDEN NA	13. STREET ADDRESS	ZIP CODE		LE /2090
到至		ENALDO	- HAWKIN		SHERMA	ADDR		OLIV	ER_
29	100 .	(ES NO OR UNKNOWN) [IF YES, GI	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES! NONE		HERMA OLIV	VER (MOTHE	1	THE AS	#12
, the			nly one cause per line for 10 , (b), on		HEICHIN DET	JEK CHOINE	~) 3M		MATE INTERVAL DISET AND DEATH
y injury, or othe	TION	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT		MINAL DISEASE OR CON		EN IN PART 110	
2 shows on	CERTIFICATION	TYO DATE OF OPERATION	196 CONDITION FOR WAICH	OPERATION WA	45 PERFORMED	YES NO	IN CERTIF	YING CAUSES	
Nem 18 sh		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH .	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211	LOCATION	CITY OF TO	IWN	COUNTY	STATE
Om S 1 2		sow the deceased alive or	ottended the deceosed from APRIL 2 19	APRIL 87, and the	2 19 87	death occurred on the d			that the lost couses stated
E e e e e e e e e e e e e e e e e e e e		27b. SIGNATURAL	2m	DEGR	ATTENDING PHYSICIAN	MEDICAL STA		APRIL	SIGNED . 2, 198
IMPORTANT: H		RICHARD N	FOOTER		ADDRESS NOW HAM	PSHIRE AVE.	NW. W	ASHINGTO	N.D.C.
≤		SURTAL, CREMATION, REMOVAL		NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	24 FL	CREMATION UNERAL DIRECTOR	APRIL 14, 1987 CH	HAMBERS_	CREMATORY 250. DA	TE REC'D. BY REGISTRAR	25h 2EG131	D. MA	RYCAND
7/84		NAME	INC. 8655 GEDREIA			PR20 1987	Julia	Sinder	A

ATTEL TERM STATE CHARLES STREET REMARKS. PLANTE APRIL A SPAN AND STREET STREET process processed by MARGERIA AND CHARLES TO A THE PARTY OF THE PARTY CHARLES AND CHARL AND THE STATE OF T Eliter white (from the Figure 2) have been such as an The state of the s the party and the second of the second Service of the Control of the Contro

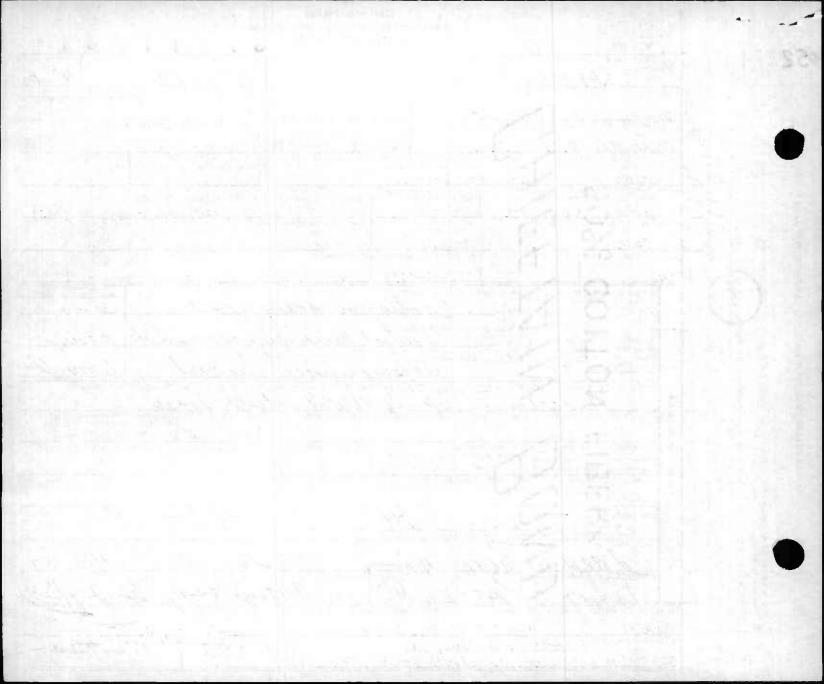
STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	8 7 REG. NO	1731
5		CEASED NAME 1951 CERRINITY KATHEN	ONE	M	H	AKOEN	4/30 87	DAT THAN THE HOUR
I	3. SE)		4 RACE	1 1 5 4	5 DATE C		& AGE INVESTALL BRIDGE	HUNDER 1 YEAR WILNDER FAHRS. HONTHS DAYS HOURS MAN.
d	Fe	HALL INTERPRET	Caucas	CAN WHAT COUNTRY?	Febru	иату 13,1909 _	77 YR	Transcription and the second s
4	0	pheteri	II C	4	MARRIE	D NEVER MARRIED	THE ROLL OF THE PROPERTY OF TH	un Grackin
d	10. CT	shington, D.C.		HOSPITAL, NURSING	HOME	OR OTHER PASTITUTION	Mantgomety ITH USUAL OCCUPATION (TYPE OF WORLD HOSE FOR HOSE OF WORLD	175. KIND OF BUSINESS OR INDUSTRY
1	Wh	eaton	MINERSON CONTRACTOR	Care Wheat			Secretary	CSP
1	13a.5	Contraction of the Contraction o		THE CITY OR TOWN		114 INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP CO	ODE
4		yland Mont	gomery	Silver Sp	ring	15 MOTHER'S MAIDEN NA		Street 20901
4	ia.ca	F#51	MOOLE T	Unit of an		FRS1	MEDIE	LAST
1		James VAS DECEASED EVER IN U.S. A		Hantahan IM SOCIAL SECUR	NTY NO.	Nettie 11. INFORMANT	ADDRESS	Dove
	No		NE WAR DRIVATED	577-01-0	473	Simpon R. Hil	P. Ir. Nephew	Same as 13
		18 CAUSE OF DEATH (Enter of PART) DEATH WAS CAUS	nly one muse per	r line for rul, (b), and	15.7	1 1	4	BETWEEN CONGET AND DEATH
			TE CAUSE (o)	Cars	deo	Dulmonery	arrest	30-04
		Canditians, if any, which	00E 10, 0	R AS A CONSEQUEN	VCE OF	I homente	, B. Hoen betel	16 27 de -
		gave rise to immediate cause (a), stating the	DUE TO: O	IR AS A CONSEQUE	NCE OF	10011-01111	11	1
		underlying cause last.	107_	ar	len	Bellesse	anestal	6 months
1	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
-	CERTIFICATION	198 DATE OF OPERATION	19b. CON	NON FOR WHICH S	DIE PAT 10	N WAS PERFORMED		YES, WERE FINDINGS USED
4	TIFIC	40.00					YES NOW	RTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
ì	1000000	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY .M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	.M. OF INJURY	19	211 LOCATION		
1	ME	WHILE TO NOT WHILE TO	(AT HOME ST	REET, FACTORY, OFFICE, FA	RM ETC }	STREET	CITY OF TOWN	COUNTY STATE
		22a L certify that (I) (this hose		he deceased fram	Sep	19 1981	to april 30	. 19.87 , that (I) (De) last
		saw the deceased alive a	n Upres	after death.	7.0	nd that in (my) (out) apinian	death accurred an the date and	haur and fram the causes stated
	5	27h SIGNATURE	200	1 9/1	0	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
-		THE CHYSICAL S NAME (TYPE	OR PRINTI)	11/1		PHYSICIAN 77e. ADDRESS	DIRECTOR PHYSICIAN	7/30/87
		KALPH.	FTA	TTEN	40	1407 Hova	side Holmy	Sept. Jong 12 10
	- (URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
-	24 FL	urial JNERAL DIRECTOR Franc	May 2,	1987 Mt.	Oli	10 t 250 DAT	EREC'D BY REGISTRAN PSD REC	D. C.
	50					MAN	4 1987	
1		W MINICOLD WAY OF	- Wa		111	,		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR Should be detached with the State Dept.

(VRA 15, 4)



STATE OF MARYLAND 052853 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE CTYPE OR PRINTS ESTI-DEATH MATED 3. 5EX AGE (IN ITAIS DATE CKST SIRTINDAYS PRONOUNCED DEAD Black MARRIED NEVER MARRIED Guyana Guyana TOWN OF DEATH TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Nursing Assistant Medical 34 STATE 134. INSERT CITY CHAITS? IL FATHER'S NAME IS MOTHER'S MAIDEN NAME MCCH Ivy Skeete Fraser Grandon IN WAS DECEASED EVER IN U.S. ARMED FORCES? INL SOCIAL SECURITY NO. 7. INFORMANT No Donald Haynes, 2115 Rolander St., Adelph; 081-46-9120 IE. CAUSE OF DEATH (Enter only one coune per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :* ED AS A I 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18 AUTOPSYT YES [] NG THE WO D TO THE SHOULD B TIK TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF MALES IN TEACHERANT CONPART I) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH THE INJURY OCCURRED TIE PLACE OF INJURY H. LOCATION STREET, FACTORY FARM, ETC.). WHILE AT WORK AT WORK CUT OF TOWN COUNTY 35439 EXECUTE THE CERTIFICATE, PAGE 4 SHQUID BE FORM TO FUNERAL DIRECTOR; SAFIER DEATH, WITH THE ST BRITIMORE, MARYLAND, 3 22x. I certify that I took charge of the remains described above, held an Inspection death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S DAME John S. Rogers ADDRESS 1919 Seminary Rd., Silver Spring, Md. (TYPE OF PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATOR 23d LOCATION Burial 5/2/87 George Washington Com. Adelphi. Prince Georges. Md. 07/84 BP 24 FUNERAL DIRECTOR Washington, D.C. 256 REGISTRAR'S SIGNATURE **DHMH - 17** McGuire Funeral Service, 7400 Georgia Ave. N. W.

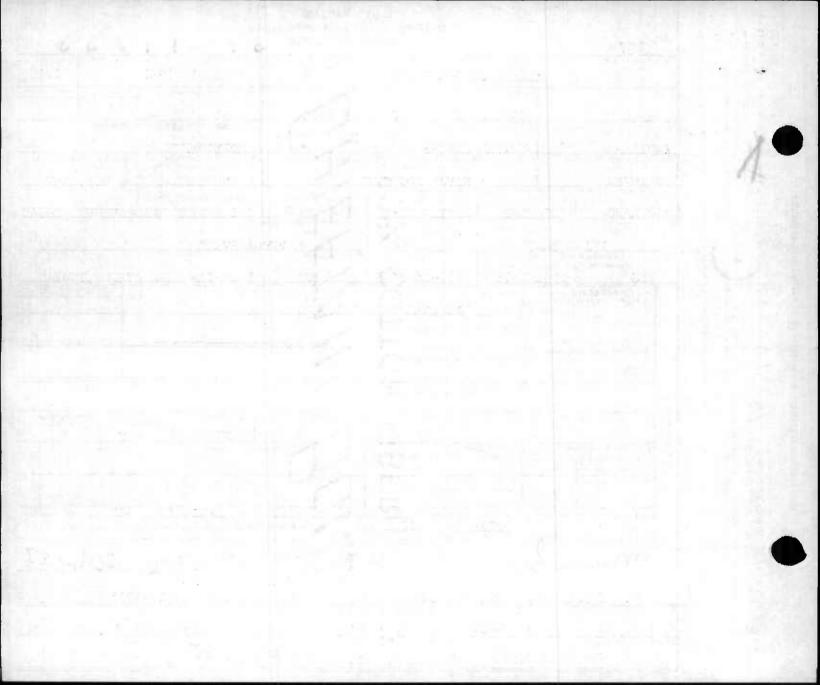
(VR A15 ME (5))

along conda ...

undino scholono edical archine andron Connic Hoynes, 2165 Welender St., Melchi, 091-46-9125 ese manager w., ilvor sering, M. John S. Moners Goorge Worlding on Dun. dolphi, Frince Georges, Md. Teshington, D. C. ciuira funczel Service, 7400 Georgio ve.I.

051280 1	77	FOR STATE REGISTRAR		CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 / REG. NO	1/3	3
		CEASED NAME FIRST OR PRINT)	ILLIAM JUNIOR		LAST	APRIL 19 1		6:10 P
may pog ter de	3. SEX		4. RACE		OF BIRTH	6. AGE IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
oge 4		MALE	CAUCASIAN	JUN	E 18 1930	56	YRS.	
Percel di	and the same	RTHPLACE (STATE OR FOREIGN	UNITED STATES	MARRIE	DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	MD
and a second		DIANA TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU.	IRSING HOME		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
		ETHESDA AL RESIDENCE (IF NURSING HOME OF		HOSPIT	AL.	RETIRED	U.S.	ARMY
and the filled in the filled i	130 S MA 14 FA	TATE RYLAND CHA THER'S NAME FIRST FRANK HAZ VAS DECEASED EVER IN U.S. AR 155, NO OR UNKNOWN) I IF YES, GF	MITY 13c CITY OR INDIA MIDDLE 1AST ZEL TAMED FORCES? 166 SOCIAL VE WAR OR DATES)	N HEAD	17 INFORMANT	SOL INDIAN HE	HEAD AVENUI	51
requires that the death certificate is signed by the attending physicia. Then please remave carban paper art a burial, cremation, ar remaval, injury, ar other froumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for roi, (bed BY: TE CAUSE (o) METAS DUE TO, OR AS A CONS (b)	TATIC L	HEAD, MD 2 UNG CANCER	20640	APPROX BETWEEN	kimate interval Onset and death
os be os bernita	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20	OB IF YES, WERE FINDING CAUSES YES (X)	NGS USED S OF DEATH?
IG PHYSICIAN: The ottending physician this certificate is the burial-transit proad Memoral Hygier ked or them 18 share.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OSPITAL OR ATTENDIN ed by the hospital or UNERAL DIRECTOR: Af- d be detached for use o he State Dept. of Health RTANT: If them 21 is man		22a. I certify that (I) (this hosp sow the deceased alive on above. (I) (we) (did) (did in 22b. SIGNATURE	APRTI. 19 pri view the body ofter death.	19.87		death occurred on the date	ond hour and from the	that (I) (we) lost e couses stated E SIGNED
Bb TO TO HOUSE		URIAL, CREMATION, REMOVAL SECURY) BUTIAL		Md. V	eterans	23d LOCATION CITY OR TOWN Cheltenh	nam Pr. (Geo Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		untt Funeral	P. t Home Wald	I. BOX	156 250 DAT Md. 20601 AF	E REC'D BY REGISTRAR 256	REGISTRAR'S SIGNA	

Md.



STATE OF MARYLAND

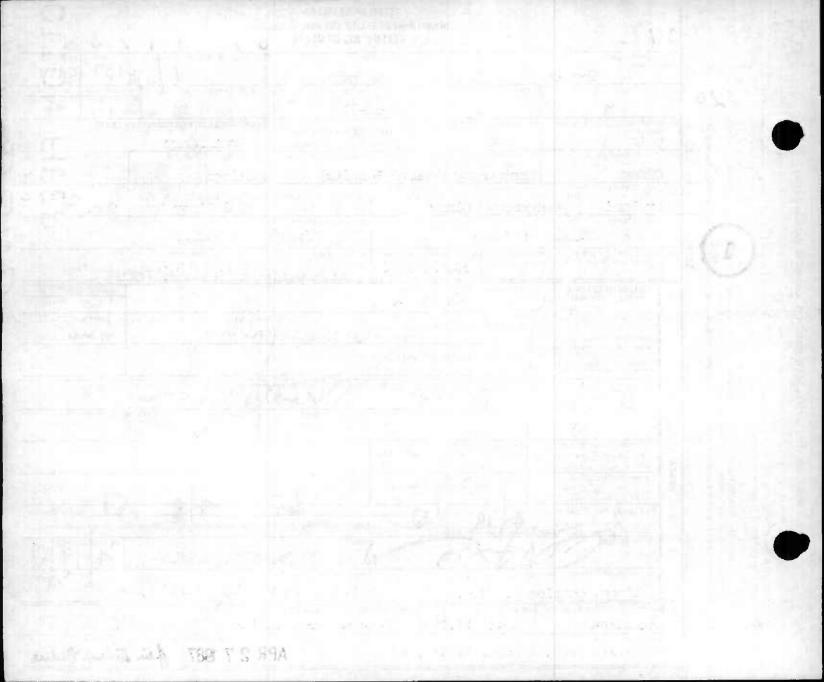
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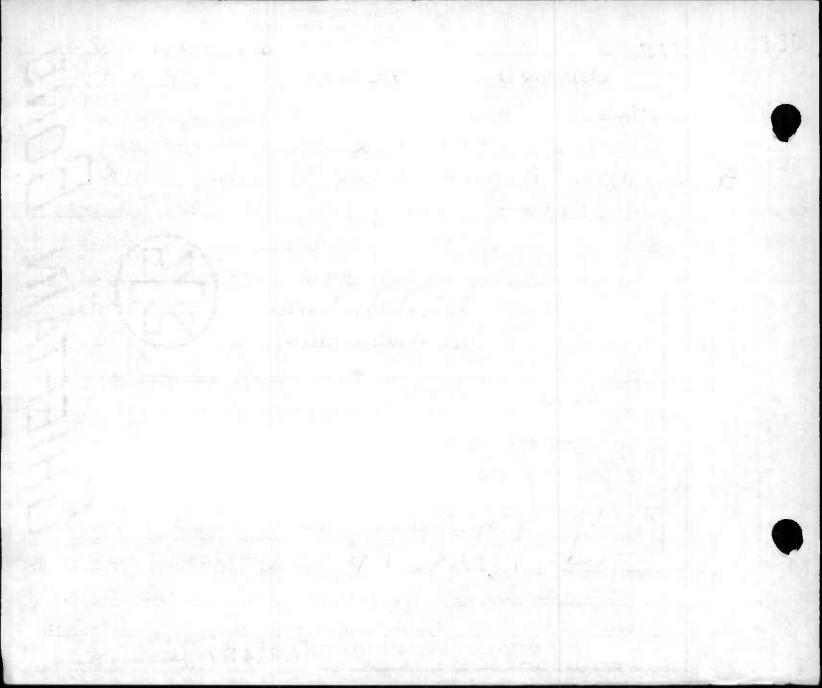
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STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	736
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	DAY YEAR 25 HOUR
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3 SE Ma		4. RACE White	5. DATE OF BIRTH NOV. 23 1893	6 AGE (IN YEARS LAST BIRTHDAY) 93 YRS	IF UNDER LYEAR IF UNDER 24 HRS
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Cedar Hill Cemetery

BP.

ANPORTANT.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please, remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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DHMH - 16 60M 7/84 (VRA 15, 4)

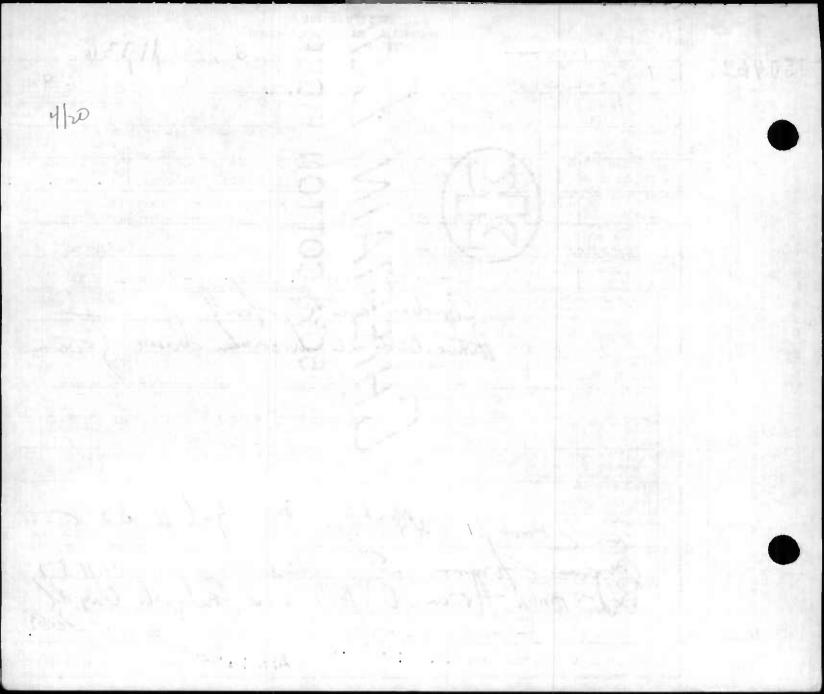
74 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 N.H. Ave.,

4-15-1987

23a. BURIAL, CREMATION, REMOVAL

Buria1

Suitland Prince Georges Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 14 1987



- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) AULINE 3 SEX

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDEN

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Mtq.

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76 CITIZEN OF WHAT COL U.S.

NAME OF HOSPITAL

(IF NOT IN SUCH FACILITY, GI

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3a. STATE

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FATHER'S NAME

New York

10 CITY OR TOWN OF DEATH

Rockville

70 BIRTHPLACE (STATE OR FOREIGN

PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 _{REG. NO}	o. 1 1	7 3 7
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DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detached fourth the State Dept. of

IMPORTANT

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and Mental Hygiene

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Remova 1

State Anatomy Board

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY

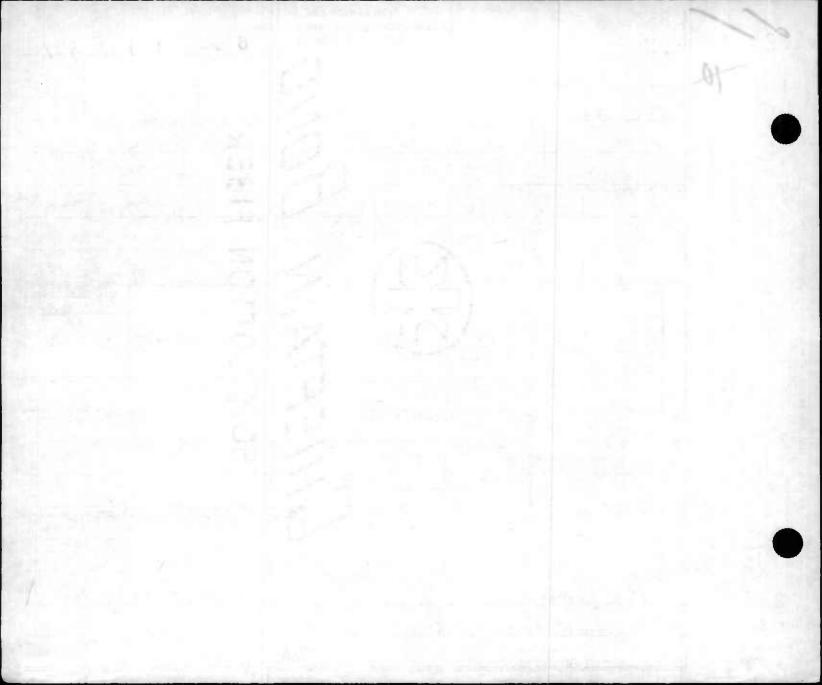
STATE

24 FUNERAL DIRECTOR

Balto., Md

4-30-87

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIC NATURE



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	STATE OF MARYLAND
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: after the should be detached for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked

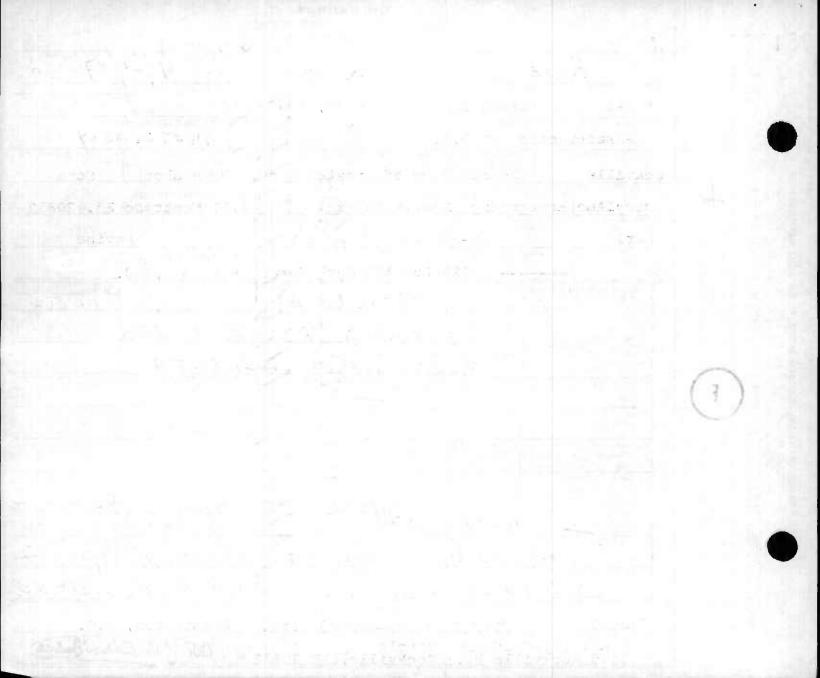
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1769 APR 2	1	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 REG. NO	0.1 1 7	1 0
oy be		CEASED NAME RIRST	MIDDLE	HE	RMAN	20. DATE OF DEATH	4/24/87	3A
mo ter o	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	# UNDER SARRY.
ge 4		Female	Caucasian	Ma	y 30°, 19°00	86	YRS.	
neral dii	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Massachuset	76. CITIZEN OF WHAT COUNTI	RY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	-	TGOMERY	, ME
frer of the		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		12a. USUAL OCCUPATI		F BUSINESS OR
by file		ckville	Hebrew Home	e of G	reater Wash	. Homema	ker Ho	me
filled in 24 house of the second seco	130 3	Maryland Mon			YESXX NO [zip cobe itrose Rd.	20852
ompletely ond 2 s	1	THER'S NAME Karl	Dannybu.	sky	15. MOTHER'S MAIDEN NA/	WE	Levine	
Page A			RMED FORCES? 166. SOCIAL SI VE WAR OR DATES) 013-2	0-9125	17. INFORMANT Israel Herma	6111 Mon		
that the death certificate by the attending physical are remove carbon paper are remotion, or removal.			DUE TO, OR AS A CONSE	QUENCE OF	CEMIA ED PRESS	SURE YL	-CER	MATE INTERVAL ONSET AND DEATH
on. on. hoss perior infantition planes, was any infantition planes.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING				DITION GIVEN IN PART 110 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES	NGS USED
rySICIAN: The ding physicion is certificate burial-transit form 18 shor		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART (OR PART 2)	
or attending After this c e os the bur olth and Me morked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		21f LOCATION STREET	CITY OR TO	wn county	STATE
ATTENI spirtal CTOR: for us of He		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body after death.	871, on	d that in (my) (our) opinion of	todeath occurred on the do		that (I) (we) last couses stated
NTAL OR A by the hosy the hosy the hosy defoched to the Dept.		22b. SIGNATURE	Word.	n		MEDICAL STAI DIRECTOR PHYSIC	FF TIAN 220 DATE	SIGNED 4/87
TO HOSPITAL (retained by the TO FUNERAL Established be deto with the State [IMPORTANT: H		22d PHYSICIAN'S NAME (TYPE O	PATEL, M	·O.	6121 MON	TROSE R) Rockvil	LE MD
BP		Burial, CREMATION, REMOVAL	4/26/87	ΛάραΤ	srael Cong.	23d LOCATION CITY OR TOWN Washin	gton, D.C.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. FU	NAME AND THE PROPERTY OF THE P	-Goldberg Gae	pels	25a. DATI	E REC'D. BY REGISTRAR	25) REGISTRAR'S SIGNAT	- dub

74 FUNERALDIRECTOR NALD anzansky-Goldberg Gaepels 1170 Rockville Pk.; Rockville,



physicio

id he detached for use as the burial-transit permit. Then please remove carbon pape. The Shate Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

TO FUMERAL DIRECTOR: After this certificate has been

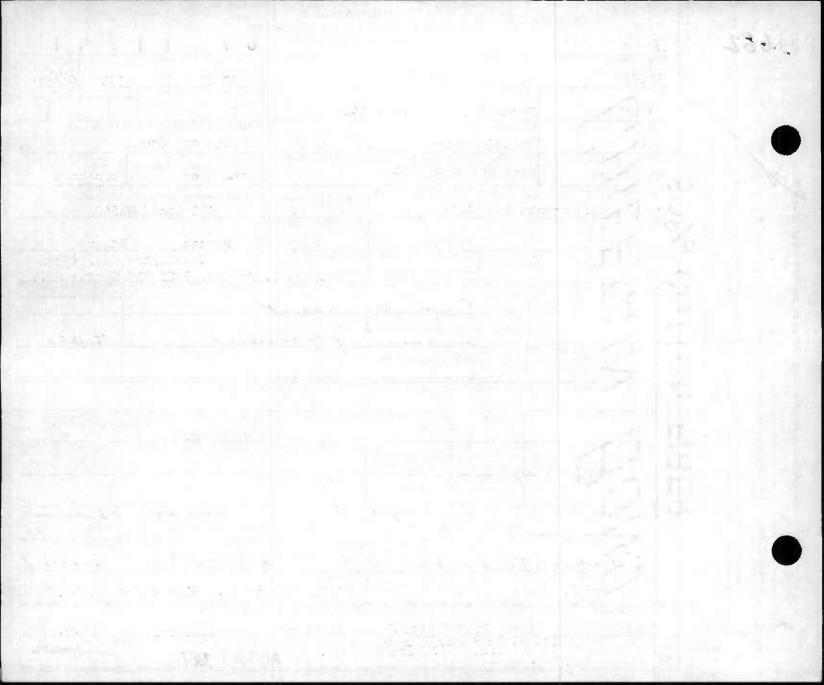
05.1.662 APR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE Q / I	1711
I DECEASED NAME FIRST	MIDDLE		LAST	REG. NO	DAY YEAR 25 HOUR
[TYPE OR PRINT]	7 0		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
LOUISE	LaGorce HIC			APRIL 24	1987 6:15 a
3. SEX	4. RACE		OF BIRTH H GAY YEAR	6 AGE IN YEARS LAST BIRTHDAY	MONTHS DATS HOURS ME
FEMALE	Caucasian	Oct.	15, GAY 1910 YEAR	76 yı	
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	DE NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Ohio	/ United States	WIDOW		Montgomery Co	unty
Kensington	11. NAME OF HOSPITAL, NUR. 9625 Old Sprin		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	NG LIFE) 126. KIND OF BUSINESS INDUSTRY OWN home
USUAL RESIDENCE IF NURSING HON 130 STATE 130 CASSACHUSETTS BAT	ne or other institution, give residence ber OUNTY 13c. CITY OR TO Instable Falmou	NWC	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C 180 Mill Road	
FATHER'S NAME FIRST Benjamin	MIDDLE LAST Parker	X 51	15. MOTHER'S MAIDEN NA FIRST Mary	ME MIDDLE Frances	Baker
160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT		ton, Md. 20895
TO	5, GIVE WAR OR DATES) 578 56	1334	Fliggboth I	Kramer, 9625	
	er anly and cause per line for (a), (b),		I ELIZADELII D.	Klamel, 3023	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NT CONDITIONS <u>CONTRIBUTING T</u>			20a AUTOPSY? 20b. IF	GIVEN IN PART 11a FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
=				YES NO	YES NO
	FDEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive abave, (I) (wet (did) (did	aspital) attended the deceased frame on	C 5-4	nd that in (my) (our) opinian	deoth occurred on the date and	hour and from the couses stoted
6 dwars	Schards	/ >		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 4-24-8
	Richards, MD		220 ADDRESS 10301 Georg	gia Av., Silver	Spring, Md.209
230. BURIAL, CREMATION, REMO	23b. DATE 23 Apr 27,1987		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	ert A. Pumphrey F	uneral	Home 750 DAI	Washington TE REC'D. BY REGISTRAR 25b. RE	D.C.
Sethesda-Chevy (Bethesda, Maryla	hase Inc. 75307 nd. 20814	Wiscons	sin Av., Al	PR 27 1987	. willow-fandall

DRIWH - 16 60M 7/84

(VRA 15, 4)



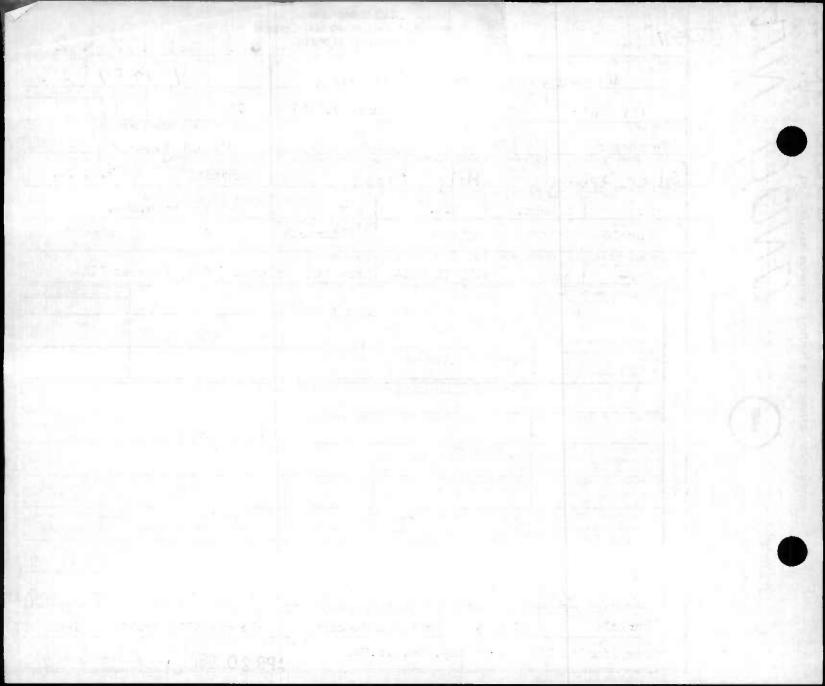
APR o	1010	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE	
	F. 0	REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	1/42
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
Ta a		Wood	row Y.	Hileman	4	1787 12°0 M
D Jacob	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
S O		Male	White	March 7,1915	72 _{YRS}	
199		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8. MARRIED TO NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
2 /		Tennessee	USA	WIDOWED DIVORCED	100	mery MD.
Series S	51	lucr Spring	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION REET ADDRESS) Cross	120. USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF WORK INC. Machinist	IZE KIND OF BUSINESS OR INDUSTRY W.C.
3	13a	STATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 13¢ CITY OR TO S.S.	FORE ADMISSION) DWN 13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CC 10608 New Ham	DDE P.Ave. 20963
xo Z	14. F/	Harold	MIDDLE Hileman	n Elizabeth		Deboard
0 1		VAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
B e e	1	YES, NO OR UNKNOWN) (IF YES, G	ry 415 12	8564 Mary Etta H	ileman (Wife) Sa	me as 13E
E .		18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART 1. DEATH WAS CAUS	ED BY:	endinc Arrest		
4		WW.EDIP			7 1	
Š.		Canditions, if ony, which	DUE TO, OR AS A CONSE	COCONOLY COS	ter a Leseur	9
r tro		gove rise to immediate cause (a), stating the	10)		0	
100		underlying cause lost.	DUE TO, OR AS A CONSEC	JUENCE OF		
iniy, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (GIVEN IN PART 110
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
1	I H				YES NOXX IN CER	TIFYING CAUSES OF DEATH?
	18	210. ACCIDENT WAS UNDERLYING		21E. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	
1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	CE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hasp	pital), ottended the deceased fra	m 4-14 19 3	1 to 04-17	. 19.87 , that (1) (we) lost
N.		saw the deceased alive of	n 4-1/ at view the body ofter death.	, and that in (my) (our) opinic	an death occurred on the date and h	naur and from the couses stated
1		226. SIGNATURE	1/ // //	DEGREE		22E DATE SIGNED
E.		Iteoen 1	1. Kartra-	ATTENDING PHYSICIAN		Apr. 11. 198'
1	1	22 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	4	
PORT		STEVEN	K. KATIFA	AN 18830 C	anegon St. S.	lar Spring 2091
4	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
		SPEC Burial	4/21/87	Hileman Cemetery	Rogersville H	awkins Tenn

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Hines/Rinaldi 11800 New Hamps: Ave.S.S.Md.

1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 2.0 1987 in Deviden Randars



	FOR			DEPARTA	LENT OF H	EALTH AND MENTAL HYG	LIENE			
1	STATE REGISTRAR			DELAKIN		ICATE OF DEATH	0 7	REG. NO	1 4	3
I. DE	CEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DE		DAY YEAR	26. HOUR
(TYP	E OR PRINT)	MAE	BEL	A.	H	ILL	Apr.	18, 1987		1:00A
3. SE	X	4.	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Blac	:k	Feb	. 28, 1902	85	YRS "	AONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR F COUNTRY) Md.	FOREIGN 78	CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D		CITY OR COUNTY TGOMERY	OF DEATH	м
10. C	Rockvill					tist Hosp.	120 USUAL OC LITYPE OF WORK FO Superv	CUPATION DR WOST OF WORKING LIFE 71501	176. KIND OI INDUSTRY OF	F BUSINESS OF
	AL RESIDENCE (IF NURS STATE Md.	136 COUNTY Mont	THER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOWN ROCKVIL		13d. INSIDE CITY LIMITS? YES MO [13e STREET AD	DRESS / ZIP CODE Douglas	Ave./	20850
1	ATHER'S NAME FIRST Her	ry Ma	ason	LAST		15. MOTHER'S MAIDEN NA	y E. Di	üffin	LASI	1
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SECUI 220-14-		Bessie H.	27: Corbin	2 ^{47DRFA} dams (Dau) W	lash.Do	C 2000
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED IMMEDIATE	BY: CAUSE (a)	line for (a), (b), and	nc '	Failure Portal Voia	1.200	m-01 A	Da	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gave rise to im- cause (a), stotin underlying couse	mediate ig the	DUE TO, O	R AS A CONSEQUE	NCE OF	c Mass (0	hologi	uncertain	Ya	ors
N O	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	R CONDITION GIVE	N IN PART 110	1
CERTIFICATION	19a DATE OF OPERA	TION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		, WERE FINDIN YING CAUSES	
	71a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERWATUR	E OF INJURY IN ITEM IB PA	ART 1 OR PART 2)	
MEDICAL	214 INJURY OCCUR	till [21e. PLACE	OF INJURY REET FACTORY, OFFICE, FA	ARM ETC }	211. LOCATION STREET		ITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) sow the decease above, (I) (week	ed alive on_	17 A	PC 19 1	7. or	nd that in (my) (our) opinion	death occurred o	on the date and haur	and from the	that (I) (vec) la causes stated
	22b. SIGNATURE	1	A A	10	, ,	ATTENDING	/ MEDICAL _	STAFF	ZZ DATE	SIGNED T

should be detached far use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR etained by the haspital BP

DHMH - 16 60M 7/84 (VRA 15, 4)

njury, ar other traumatic

18 shows any

IMPORTANT:

23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial 4-22-87

224. PHYSICIAN'S NAME (TYPE OR PRINT)

Patricia D. Kellogg,

231 NAME OF CEMETERY OR CREMATORY Lincoln Park Cem.

22e ADDRESS

Rockville, Montg.

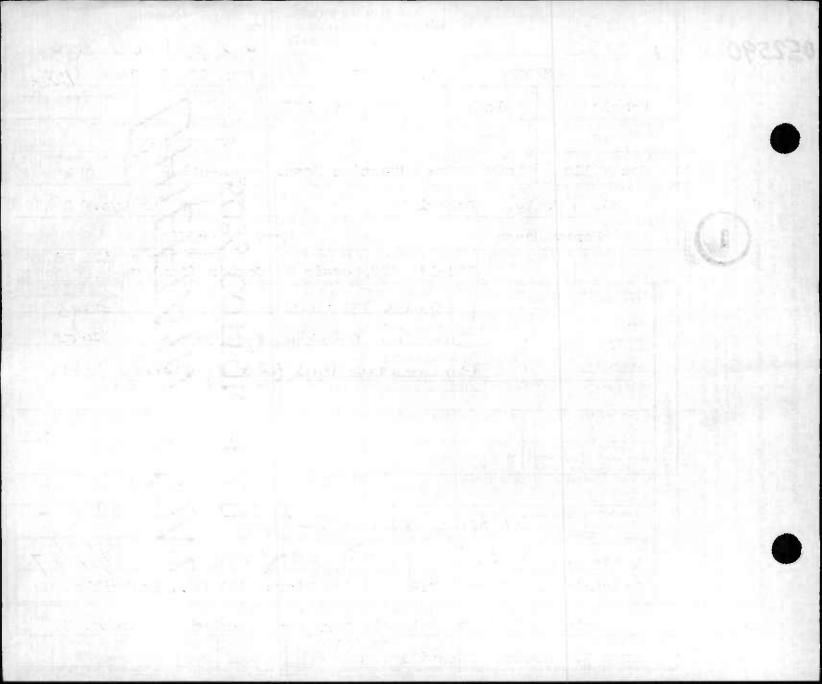
24 FUNERAL DIRECTOR

246 N. Washington Rockville, MD20850

REGISTRAR 256 REGISTRAR'S SIGNATURE

809 Viers Mill Rd., Rockville, MD

George R. Snowden

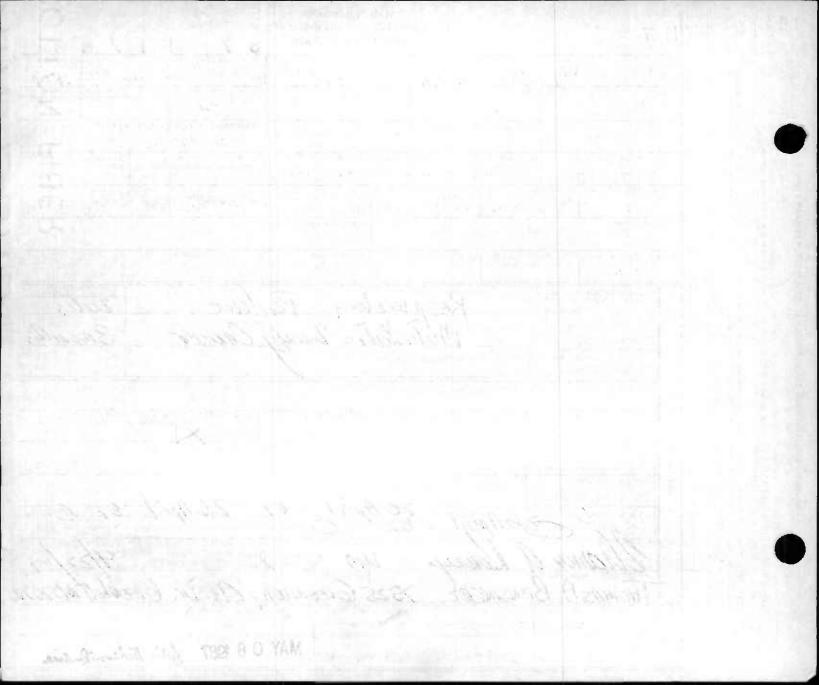


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE MARYLAND 21/201

CT ATE OF MADVIAND

	STATE OF MARTLAND									
P	ARTME	NT	OF	HE	ALI	TH	AND	MENTA	LHY	GIENI

ND
RENTAL HYGIENE
EATH 8 / REG. NO. 1 / 4 4
20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
4 26 87 1800m
6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
12 74 YRS MONIHS DAYS HOURS MIN.
ARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
ORCED Montgomery County
TUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
TY LIMITS? 13 SIREET, ADDRESS / ZIP CODE 0070
TYLIMITS? 13. SIREET ADDRESS / ZIP CODE NO 7204 Annapolis Rd. 20784
MAIDEN NAME
IRST MIDDLE LAST
NT ADDRESS
APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
to 1/1/2
(alla alla)
-unice Courses 3 months
-uara Courses 3 moules
9
TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116
RMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
IN CERTIFYING CAUSES OF DEATH?
VES NO YES NO
OUL OCCOUNTS (Elater unitate of halout life lifew 19 1991 Out vot 8)
N CITY OR TOWN COUNTY STATE
0101
10 67 in Cale (10/1) 10 822 in Carrier
our) opinion deoth occurred on the date and hour and from the causes stated
22c DATE SIGNED
TIENDING PMEDICAL STAFF HYSICIAN PORECTOR PHYSICIAN 4/2/67
moune. To De Ginelattel 202
enquity CIR. DI. GICCHARIA NO WIN
REMATORY 23d LOCATION CITY OR TOWN COUNTY STATE
MAY 8 1987 Julia Dendon Police



7 0	ARR	FOR STATE UREGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. N	10.	1 4	i Š
		I DECEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
poge 3		(TITE ON PRINT)	MARY	DON	INA	HI	LTS	APRIL 4, 1	987		9:05p M
p Jer d		3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
director. phours after		FEMALE		WHITE		FEBR	ÜARY 17, 1946	41	YRS	MONTHS DATS	HOURS MIN.
nerol dir	\$3	70. BIRTHPLACE (STA' COUNTRY) KENTUCKY			WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED	9 BALTIMORE CITY O MONTGOMER			MD.
by the fu	Conffied Control	10 CITY OR TOWN OF BETHESDA	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION NTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O WRITER / EDI	OF WORKING LI		OF BUSINESS OR
o o o	a)	USUAL RESIDENCE (# 130. STATE MARYLAND	13b. COU		GIVE RESIDENCE BEFORE 136. CITY OR TOW BETHESDA	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS 5407 MOORI	ZIP CODI		0814
and 2 st	axemine (14. FATHER'S NAME FIRST Richar	rđ	WIDDLE	IS. MOTHER'S MAIDEN NAME FIRST McKeown Laverne			WE		Schla	
Page 1	medical	160 WAS DECEASED F (YES, NO OR UNKNOW)		RMED FORCES?	166 SOCIAL SECU 406-62-3		PHILIP J. H.	ADDR ILTS, HUSBA		SAME	
by the attending phy is se remove corbon poly, cremation, ar removal	other troumatic event, the	Canditians, if	IMMEDIA any, which immediate	DUE TO, O	HYPOXEMIA R AS A CONSEQUE SEPSIS R AS A CONSEQUE SEPSIS	NCE OF	DMOSIS DEHISCE	INCE		APPROX BETWEEN	MATÉ INTÉRVAL ONSET AND DEATH
Then pleo to buriol,	njury, or	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO		EATH BUT	NOT RELATED TO THE TERM		IDITION GIV	/EN IN PART 16	0,
t permit.	Ows only	GI BI 190 DATE OF OF 2/27/8	PERATION	19b COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES █ NO□	IN CERTIF	S, WERE FINDING CAUSES	
Hugh Hyg	87	21a. ACCIDENT WA			F INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 I	PART 1 OR PART 2)	

19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a. I certify that XI) (this haspital) attended the deceased from AUGUS 19_86

and that in ((our) opinion death occurred on the date and haur and from the causes stated saw the deceased olive on <u>APRIL 4</u> abave, X) (we) (did) XX XX view the bady after death. DEGREE 22c. DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRES NATIONAL INSTITUTES OF HEALTH,

20892 PIKE, BETHESDA, MD. 23d LOCATION CITY OR TOWN

20009

4-7-87 Burial 24 FUNERAL DIRECTOR Richard Rapp, Inc ADDRESS

Parklawn Memorial Park Rockville

ATTENDING

Maryland

1804 T Street, NW, Washington, DC

1987 APR

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21

MEDICA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF D	DEATH 8	REG. NO	1 4	0
(TYPE OR PRINT) FIRST	Belle	Hogan	20 DAT	E OF DEATH MONTH	DAY YEAR 21 87	330 HOUR
3. SEX FEMALE	1. RACE CALL casian	5. DATE OF BIRTH December 23		1 IN YEARS LAST BIRTHDAY) 66 YRS	MONIHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER A	VORCED MO	ntgomery C	ounty	M
Damascua	24413 Fossen	Road	LTYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKING L PARIAN		of Md
		CUS 13d. INSIDE C		13 Fossen Re	oad 20	872
14 FATHER'S NAME FIRST Madison M. I	Proctor		s maiden Name navailable)	WIDDLE	LAST	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 255-12-			1762∘Spr on) Frederic	ingfield k, Md. 2	
PART I. DEATH WAS CAU	Only one couse per ine for (a), (b), ISED BY: IATE CAUSE (a) DUE TO, OR AS A CONSECTION OF AS A CONSEC	DUENCE OF	Wengma (of Lups	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
PART 2. OTHER SIGNIFICAN HISO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	IL OBSTRUCTIV	CH OPERATION WAS PERFO	RY DISERS	AUTOPSY? 206. IF YE	ES, WERE FINDING	GS USED
OR CONTRIBUTING CAUSE OF	INER) P.M.	DAY YEAR		TER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE, FARM ETC) 211 LOCATIO		CITY OF TOWN	COUNTY	STATE
sow the deceased alive	and view the body ofter death.		, 1907, to	Curred on the date and ha		hat (I) (🖚) los ouses stoted
DE SIGNATURE	. 1	DEGREE	ATTENDING MEDIC PHYSICIAN DIRECT	CAL STAFF TOR PHYSICIAN	221 DATES	IGNED 7

James A. Brown, M.D.

27e 4年8年 Queensbury Road Riverdale, Md. 20737

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

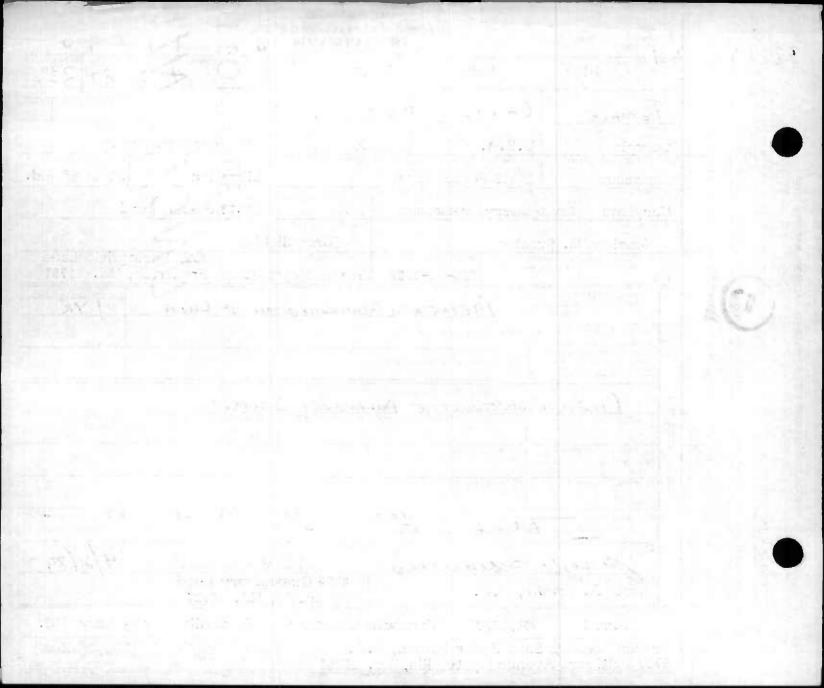
236 NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

Rockville Montgomery Md.

24 Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

236 DATE 04/24/87

231 REGISTRARIO SIGNADRE



STATE OF MARYLAND

1112	FOR						TAL HYCLE	***				
1 11 2	T U CTATE			DEPARTI	MENT OF H	EALTH AND MEN'	HAL HTGIE	NE				
	STATE				CERTIF	ICATE OF DEAT	TH 8	3 7	d 1	1	3 y	
	DECEASED NAME	FIRST		WIGDIE		A5T		REG. N		DAY YEAR	25 HOUR	
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	COUNTRY) _				MARRIE	NEVER MARR	RIED 🗆 "	BALTIMORE CITT	OK COUNTY	OFDEATH		
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T	CITY OR TOWN OF DI	ATH				R OTHER INSTITUT	TION I	20 USUAL OCCUPAT		126. KINE	OF BUSINES	SOR
	DETHECDA			H FACILITY, GIVE STREET		CD A		Naval Off	lcer	INDUSTI	AVY	
1	BETHESDA	RSING HOME OR		GE HILL		SUA						
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Unknown 570-52-8397 Mrs. Mary C. Folderness/ 12e 3a c as - 15

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son Gowlers Sons Inc. ashington, 10 20015

Md. Contgomery Chevy Chase x 5025 Highland rive 20015

DEP	ARTMENT	OF	HEALTH	AND I	MENTAL	HYGIEN
	-					

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REQ NO 1	4 8
2		CEASED NAME FIRST OR PRINT) HELE	MIDDLE L	5. DATE OF BIRTH	0.7102	787 1:35 AM
1	0	FEMOLE RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF PEATH	76. CITIZEN, OF WHAT COUNTRY? USA TT. NAME OF HOSPITAL NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF I	DEATH MD. Rb. KIND OF BUSINESS OR
01/11/00	Ha S	THER'S RAME	COTHER PULL OF THE RESIDENCE REPORT OTHER PULL OF THE RESIDENCE RES	FACINESSICAL 134 INSIDE CITY LIMITS YES NO [] 15 MOTHER'S MAIDEN	CASTIER . 11 130.STREET ADDRESS/ZIP CODE. 2.106 Shore-111.	Dept of Army A Rd 120902
1		WAS DECEASED EVER IN U.S. AR	MAR OF DATES 578-48	URITY NO. 17 MPORMANT, 1-9226 Robert M	Harr (Bro.) Hyaffsv.	holson St He, Md 20982
7	FICATION	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQ	n Gasty with HENCE OF E Hyper HENCE OF and Case	JERMINAL DISEASE OR CONDITION GIVEN II 100 AUTOPSY? 1206. IF YES, WINCERTIFY	RE FINDINGS USED G CAUSES OF DEATH?
9	MEDICAL CERTI	saw the deceased alive an	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM, ETC.) 211. LOCATION STREET 19 PURPLIN (my) (our) opin DEGREE ATTENDIN PHYSICIAL	nion death occurred an the date and hour and	COUNTY STATE 1.350m 1.41 (B (we) last
1	24. FU	DURIAL CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR		NAME OF CEMETERY OR CREMATO COIN Mem. Cel 110 MD20850	Takone DRY 23d LOCATION CITY OF TOWN CO	

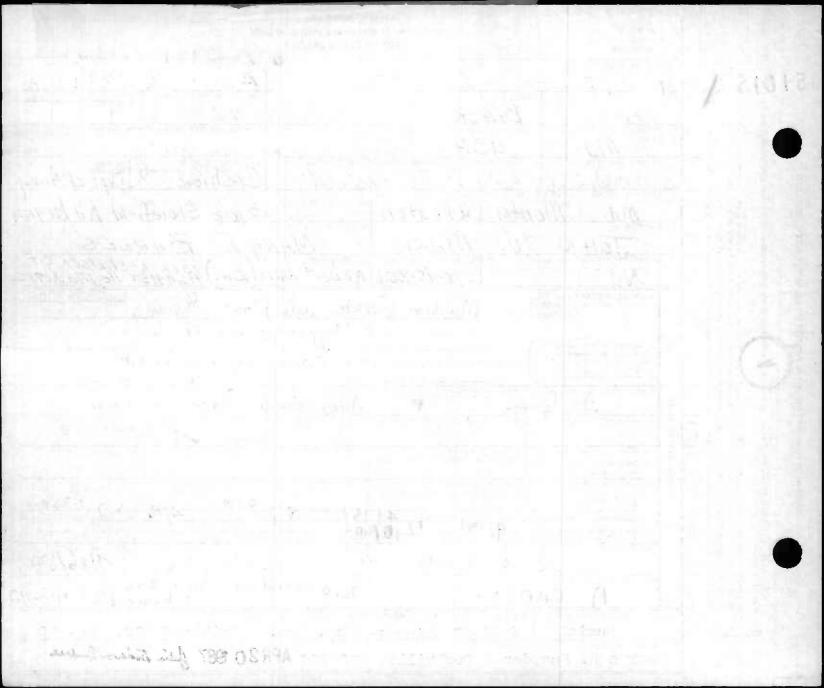
DHMH - 16 60M 7 18 (VRA 15, 4)

MPORTANT, If hem 21 is marked or tem 18 shows any injury, or other tra-

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the basisd-manuit permit. Then purple the State Disps. of Health and Mental Hygiene print to bur

ATTENDING PHYSICIAN, The In

TO HOSPITAL OR ATTENDING PHYSICIAN INSIGHAL OF AUGUST OF OTHER PHYSICIAN



I I	6.2 400	1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REGINO	. 1, 7	4 9
a p	poge 3		CEASED NAME OR PRINT!	FIRST	1	MIDDLE	JOR	O WITZ	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR - 1135 M
E G	o p	3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY IF UNDE	R I YEAR IF UNDER 24 HRS
90	rs aft	Fe	emale		Caucas	ian	Dec	4 - 4	90	YRS	DATS HOURS MIN.
P.	中岛 一		RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		ATH
death	un 72	Rı	ıssia		U.S.A.			DIVORCED	MON-	160 ME	ERY MD.
000	by led with		OCKVILLE		11. NAME OF HOSPITAL, NURSING HOME (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) HEDREW HOME OF Great				120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
24 hou	135	13a S		13b COUNT		GIVE RESIDENCE BEFORE 134 CITY OR TOWN ROCKVIL	V 1	13d. Inside City Limits? Yes XXX NO []	13. STREET ADDRESS / 6111 Montre	ZIP CODE OSE ROAd;	20852
within	1 3 (2 etc.)	14. FA	THER'S NAME FIRST	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA/	WE		LAST
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xeco	Pages medica		VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES?	16b. SOCIAL SECUI		17. INFORMANT			Md. 20854
o o	icion or ers. Pag	1	10			127-30-0	659	Milton Freif	eld:Son:107		
oth certificate	ending physic is carbanpape in, or remaval, matic event, th		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED IMMEDIATE	BY: CAUSE (a)	SEPT RASA CONSEQUE	ICE	MIC SHO	OCK	2	APPROXIMATE INTERVAL JETWEEN ONSET AND DEATH 20 DHYS
that the de	d by the att lease remave ial, crematia or ather trau		Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate	(b)	R AS A CONSEQUE			NIECTION		
quire	0 4 0	Z	PART 2 OTHER SIGN	PLI	20 NIC	11-	A A	CAILURO)ITION GIVEN IN I	PART Ita
he law re	11/2	CERTIFICATION	190. DATE OF OPERAT	ION	1 - 1 - 1 -	- "	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING O YES	E FINDINGS USED CAUSES OF DEATH? NO []
CIAN. T	certificate rial-trans ental Hys		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE ATI		OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART ?}
G PHYS	s the burn ond Me	MEDICAL	21d. INJURY OCCURR	ILE 🗍		OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	vn co	UNIY STATE
TTENDIN	for use a af Health		220.1 certify that (I) saw the decease above, (I) (wered		~~	100	7619	d that in (my) (our) apinion (, to death occurred on the do	and hour and fr	that (1) (we) last
AL OR A	AL DIREC detached ate Dept II. If Item		22b. SIGNATURE	XDa	Sasel)	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	LIY/87
O HOSPIT	should be d		228. PHYSICIAN'S NA	ME (TYPE OR	TEL,	M.D.		6121 MONT	TROSE RD.	Rockvi	LLE MD.
1 0	- 0 > = 1	1 22- 0	HIDIAL CREMATION	DEMONAL	AND ATE	22. N	AAAE OE C	CHETERY OR CREMATORY	224 LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

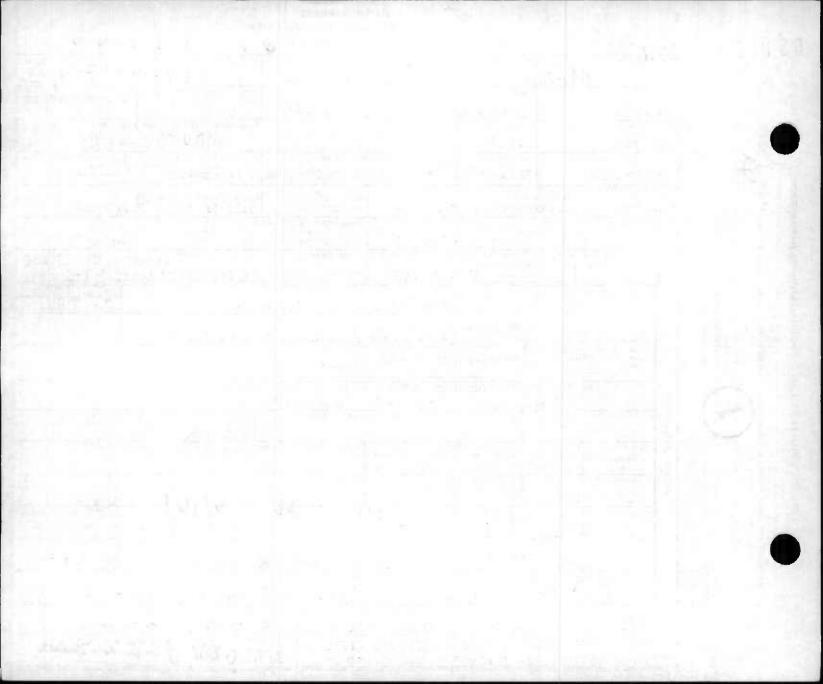
230. BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTORDANZANSKY-GOLDBERG DEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

23b. DATE 4/16/87

tory 23d LOCATION COUNTY AND COUN King David Mem. Garden

23c. NAME OF CEMETERY OR CREMATORY



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REG NO.	1	0	1
REGINO.			

				STATE OF MAKTLAND		
7 4	11 4	FOR STATE:	DEP	ARTMENT OF HEALTH AND MENTAL HYC	GIENE	7 5 0
21 9		REGISTRAR		CERTIFICATE OF DEATH	REG NO.	/ 5 0
/		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1	George	c C +	touston	4 16 87	1435 "
V	3. SEX		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
6	- 1	Male	Black	January 4 1925	62 YRS	
19		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
- /		eorgia	United States	WIDOWED DIVORCED	Montgomery	MD.
2) /	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
8	Tal	koma Park		ventist Hospital	Porter .	Insurance Co.
1	USUA 130. S	L RESIDENCE (IF NURSING HOME (TATE 13b, COU		BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
0				r Spring YES X NO [8309 Tahona Dr	ive 20903
		THER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
()	J	ames D. Houston		Annie Ä. Mur	ray	LASI
0 1	160 V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
1 3	ye:	1 11 1	11 259-1	6-3578 Bobbie Houst	con/8309 Tahona	Dr. Sil. Spg. Md
			only one couse per line for (o), (A	1 0 5 1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS			ere mal lurar	dida
4		IMMEDIA		J		
0		Conditions, if ony, which	DUE TO, OR AS A CON	ontension-		
		gove rise to immediate	10			
)		couse (0), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
/		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (SIVEN IN PART 1(a)
(m)	NO		2011011010		The block of Co. of the co.	
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	ES, WERE FINDINGS USED
Can /	LIFIC				YES TO NOT	TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
大	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
7	AL	OR CONTRIBUTING CAUSE OF D	EWILL.	H DAY YEAR		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
	W	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
			pital) ottended the deceased (From 4 () 8) 10	1 4 16	19 8 7 . that (I) (wa) lost
		sow the deceased live of	111/160		death occurred on the date and h	
		obove, (1) (we) (did/ did r	nat) view the body after death.	DEGREE		226. DATE SIGNED
94		THE SIGNATURE A	A VIS	ATTENDING	MEDICAL STAFF	11/12/50
		22d. PHYSICIAN'S NAME (TYPE	an Trace	PHYSICIAN	DIRECTOR PHYSICIAN	14/1/18/
			OKPKINTY		will Aug The	Pob wx
1		SMITH H	0	176/0 (an	roll Ave, lation	10 14Th, MID
	23a. B	URIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR LOWN	COUNTY STATE
-		Burial	4/20/87	Maryland National Par		
	24 FL	INERAL DIRECTOR		7400 Consain A. 250 DA	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

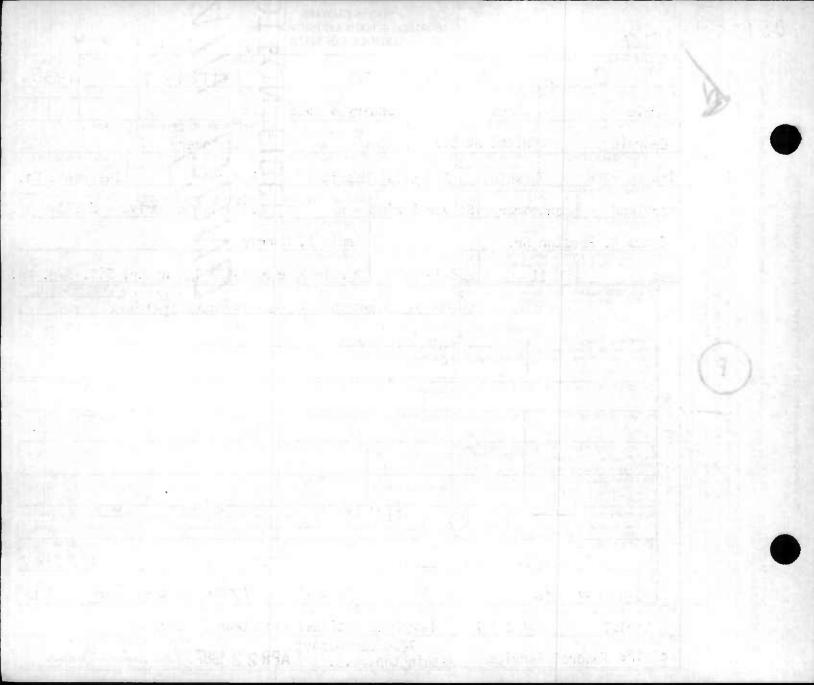
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(VRA 15, 4)

Mc Gu ĩ re Funeral Service Washington, D.C.

APR 2 2 1987

Tulia Devideon Randales



051656,APR

ra la rector, page 3

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician driff is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

BP.

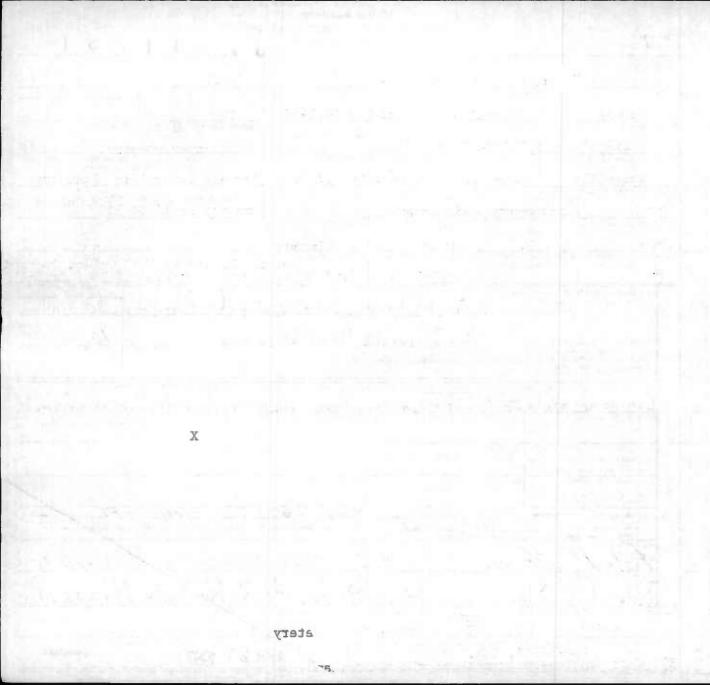
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18 shaws any injury, ar other traumatic event, t

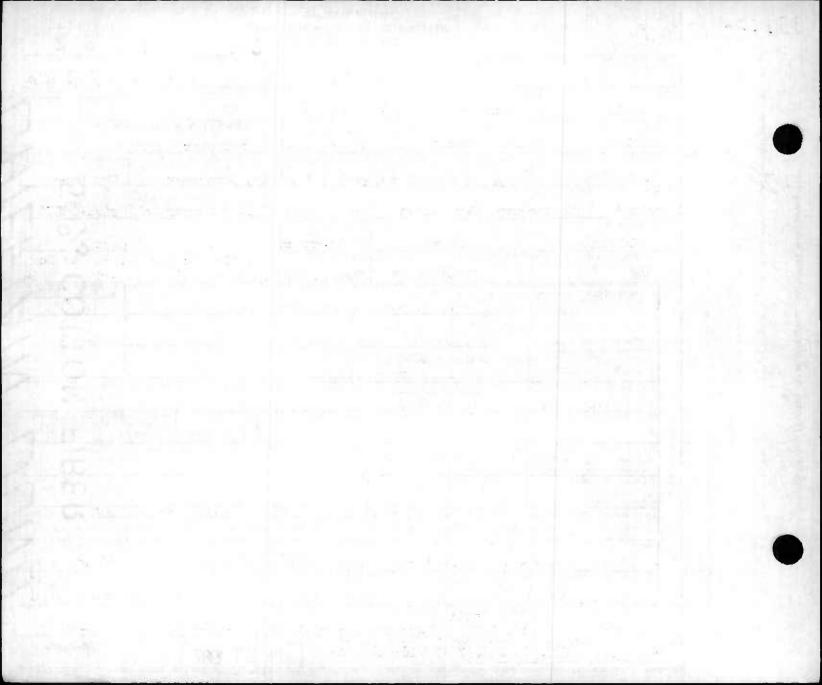
IMPORTANT: If them 21 is morked or them

STATE OF MARYLAND

	FOR STATE UREGISTRAR			DEPARTA		EALTH AND MENTAL HYG	HENE		7 5	1
	CEASED NAME	FIRST		MIDDLE		ASI	20. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
	OR PRINT)	Mildre	ad	Everhart				26, 19	4,	
3 SE		mildi	4 RACE	Evernare	5. DATE C	ward OF BIRTH	& AGE (IN YEARS		IF UNDER 1 YEA	5:41a M
	Female		Cauca	sian	Octo	ber 14.1915	71	YR	MONTHS: DAY	S HOURS MIN.
	RTHPLACE (STATE OR	EOREIGN		F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	CITY OR COU	TY OF DEATH	
	Maryland		Unite	d States	WIDOWE		Monto	omery C	Ountre	MD.
10. CI	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12ª LISTIAL OC	TURATION		OF BUILDINGS OF
	Rockvill		Shady	Grove Adv	entis	t Hospital	Payrol1	Superv	isor I	ndustry
30 S	AL RESIDENCE (IE NUR	136 COUN	OTHER INSTITUTIO	13c. CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DDE 1020	Outpoo
-	aryland	Mont	gomery	Gaithers	burg	YES X NO	orchard	Road/	20878	Quince
4. F.A	ATHER'S NAME FIRST		MIDDLE	LAST	193	15. MOTHER'S MAIDEN NA		IDDLE		LAST
-	hn		W.	Oden		Florence			Wa	rd
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES' E WAR OR DATES)		RITY NO.	17. INFORMANT France	cis W. H	oward 1	029 Oui	nce Orchard
N	No .			579-20-09	942		rsburg,	Marylan	d 20878	(Husband)
	18 CAUSE OF DEAT	H (Enter on	ly one couse p	er line for (a), (b), on			1 1	Q1 . U		OXIMATE INTERVAL EN ONSET AND DEATH
	TAKI I. DEAINI		E CAUSE (o)_	Veglvicular	Tecch	14 Cardia & Ver	1Trically	tiprill	à (a) 30	min
	EXT PART		DUE TO,	OR AS A CONSEQUE	NCE OF	11 12.			2.	
	Conditions, if ony		(b).	ArTeriosc	evol	e Iteant Dis	ease		10	415
	couse (a), stati	ng the	DUE TO,	OR AS A CONSEQUE	NCE OF				100	
	underlying couse	e lost	(Ic)_							
7	PART 2 OTHER SIG	NIFICANT	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN PART	1(0
TIOI	Carcinome		asie	oliver (Danck eas		ular an	
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196. CON	DITION FOR WHICH	OPERATIO	N-WAIS PERFORMED	20a AUTOPS		YES, WERE FINI RTIFYING CAUS	
RTI								OK	YES	NO 🗌
C	21a. ACCIDENT WAS UN OR CONTRIBUTING		110110	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OE INJURY IN ITEM	IB PART I OR PART 2	n
ICAI	(IF EITHER NOTIFY MEDI	ICAL EXAMINER		P.M.	19					
MED	21d INJURY OCCUR			E OF INJURY STREET, FACTORY OFFICE, E	ARM ETC	211_LOCATION	C	TY OR TOWN	COUNTY	STATE
	AT WORK AT WO	DRK ORK				1,1		16.1		
	220.1 certify that (I)		1.1		7	4/10/ 19 67	, to	4/26/	19 27	_, that (I) (we) lost
	sow the deceos above, (I) (we) (ed alive on,	t) view the boo	25/ 19 ofter death.		nd that in (my) (aum) opinion	death accurred o	n the date and	hour and from t	he causes stated
-	226 SUSTRATURE	100	11		11	DEGREE	44504544	CTAFF	22c. DA	TE SIGNED
	Noberl	(M	0000		17.	D. ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [14/8	26/57
	224 PHYSICIAN'S N	AME (TYPE O	R PRINT)	A.		22e. ADDRESS	ILOLO	1 11	111	
	Mobert	C. P	lacor		(1)	807 Viers Mit	INd. Ko	CRVILLE	My =	20851
	BURIAL, CREMATION,	, REMOVAL	23b. DATE	April 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		7 COLARS	STATE
	Burial		29. 1	- 4	rest	Oak Cemetery		ershuro	Marvla	
24. FU	JNERAL DIRECTOR P	obert	A. Pu	mphrey Fun		Home / 250. DAT	E REC'D. BY REG	STRAR 256. REC	ISTRAR'S SIGN	ATURE
	0 West Mon					AP	R 27 10	87	المحلية المعالمة	/Adamson III

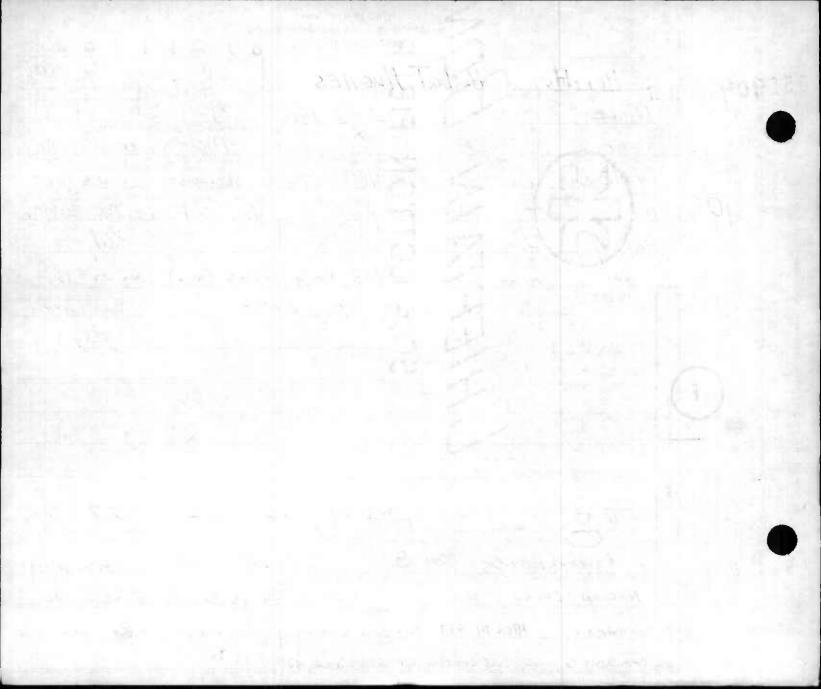


2 62 62					STAT	E OF MARYLAND				
55 AR	20.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL H	YGIENE			
	P. U.	REGISTRAR			CERTIF	ICATE OF DEATH	8 7 REG. !	10	1 5	2
		CEASED NAME FIRS	T	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
death	(TYPE	OR PRINT) Hild	a M	oore	H	uey	0	4/24	1/87	12:40p
p i	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER 244/RS
a s		Female	Cauca	sian	12	10 9 9	89	YRS	DIVINS DAYS	HOURS MIN.
2 Car		RTHPLACE (STATE OR FOREIGH	76 CITIZEN O	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
16/		England	United	States	WIDOW		Montgomer	y Count	ty,	M
()	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPA		126 KIND O	F BUSINESS OF
CIDE		Rockville	Shad	1 GROVE	2 Adu	reutist H	On, Homemak		Own F	Iome
2 -5	USU 13a.	AL RESIDENCE (IF NURSING HOSTATE 136	ME OR OTHER INSTITUTION	13c. CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
20	Man		ntgomery	Germanto		YES NOXX	11509 Summ		Drive	20874
1100	14. F/	THER'S NAME	MIDDLE	(AST		15. MOTHER'S MAIDEN N			LAST	
130		Walter	Model	Moore		Florence	A.		Curtis	
lico les		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Little Mad	filas Ro		
Pages medic		No	ES, GIVE WAR OR DATES)	579-22-6	203	Jean H. Tho	tt, Cutter,	Maine (04626	336
the the		18 CAUSE OF DEATH (En	ter only one couse pe	er line far (o), (b), ar	nd (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
emovol		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	Cerebro	Vas	cular ac	cident		1	de
or re or re				OR AS A CONSEQU	ENCE OF					
ion,		Canditions, if any, which		Cecebro	4	arteriosc	1800515		5	48ars
emot er fre		gave rise to immedio couse (o), stating the		OR AS A CONSEQU	ENCE OF					7
ol, cr		underlying cause las	(c)_	51116116246						
buric 7, o	-	PART 2. OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR COI	DITION GIVE	N IN PART 110	1
0 1 10	∑ S	Anem	ia, 1	yelone	phrit	7'5				
prio prio	CERTIFICATION	190. DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
e ne] =						YES NO	YES		NO 🗌
fronsif i Hygie i Ball	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JRY IN ITEM 18 PAR	RT (OR PART 2)	
Mental	18	(IF EITHER, NOTIFY MEDICAL EXA	OI DEATH	P.M.	19					
o W	MEDICAL	21d. INJURY OCCURRED	/ AT HOME S	OF INJURY	FARM ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
h and	1	AT WORK NOT WHILE								
le of is mo		220.1 certify that (1) (this		he deceased from_	7.0	by 21 19 8.	, 10	24 19		that (1)(we) las
of h		saw the deceased oli abave, (1) (we) (did) (c	lid not view the bad	y after death.	<u>a</u> , ai	nd that in tmy) (aur) apınic	on death accurred on the	late and haur o	and fram the o	couses stated
Dept Dept f hen		226. SIGNATURE	TO	100		DEGREE	MEDICAL ST		22c. DATE	SIGNED
+ 60			en sil	VVLO	5		MEDICAL ST		4-2	4-87
old be det the State		224 PHYSICIAN'S NAME	TYPE OR PRINTS		- 7	22e ADDRESS				
0 = 0		James 1	K. Mo	2010		207 Bros	hes Ave	Gailhe	ersbur	a hed
€ 3 ₹		BURIAL, CREMATION, REMO	OVAL 236. DATE	April 23c	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE
	1	Burial	28, 1	987 Pa	rklaw	n Memorial Pa		_		vland
6 60M 7/84	24 F	ineral director obe thesda-Chevy Bethesda, Ma	rthase Pum	phrey Fun		Home/ 25a. D	ATE REC'D. BY REGISTRA	R 25b. REGISTRA		REPORT
15, 4)		Bethesda, Ma	ryland 20	814 / 35 MESW	rscons	ALL AVE A	PR 27 1987		(



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 CO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 marks
OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mg C.
OSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Page 4 man and by the hospital or other death. Page 4 man by the hospital or other death.
TO FUNERAL DIRECTOR. After this certificate has been adjusted by the offending physician and completely filled in by the funeral director, page 3
should be detached for use as the burial-transit perm Them perm remove carbon papers. Pages, and 2 smaller be filed within 72 haurs offer. Each

				SIAII	E OF MARYLAND			
1	FOR - STATE		DEP		EALTH AND MENTAL HYG	0 -1	1 1 7	**B 0
1.6	REGISTRAR	FIRST	MIDDLE	CERTII	AST	REG. N		YEAR 2b
	PE OR PRINT)	H.	Herber	T Hu	GHES	M DATE OF DEATH	4 12 8	77 (
11 83 9	EX/	4,	RACE	S. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HO
70	BIRTHPLACE (STATE	OR FOREIGN 7b	CITIZEN OF WHAT COUN	TRY? 8	1 1905	9 BALTIMORE CITY C	YRS OR COUNTY OF DE	ATH _
5	CITY OR TOWN OF		U.SA.	WIDOWE		Mont	GOMERU	COW KIND OF BU
70	OLNE	1	BROOKE GIR	OVE N	lursing Home	TYPE OF WORK FOR MOST OF	F WORKING LIFE) IND	USTRY U.S.G
35	UAL RESIDENCE 1115	NURSING HOME OR OT		BEFORE ADMISSIONI TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	R. 2
14	FATHER'S NAME	y	DPLE III	he c	15 MOTHER'S MAIDEN NAM	ME	K	LAST
	WAS DECEASED E			SECURITY NO.	17 INFORMANT	ADDRI	555	7
med	(YES, NO OR UNKNOWN		ONE 362	-22-072	3 MARY Hu	GHES (WIRE	E) SAME	15#1.
vent, the	18 CAUSE OF D PART I. DE AT	H WAS CAUSED		C 7 856	ration art	ost	_B	APPROXIMATE FTWEEN ONSET
ofice		IMMEDIATE	DUE TO, OR AS A CONS	FOUFNCE OF		V		-/-
E COCH	Conditions, if		(1b) St. p.S.	and the same of th				any
	couse (o), s underlying co	toting the	DUE TO, OR AS A CONS	EQUENCE OF		lega.		
\$ F)	PART 2. OTHER	SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN F	ART 1 o
8 shows o	190 DATE OF OP	ERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	
		CAUSE OF DEATH			21c. HOW INJURY OCCURR			
MEDICAL		CURRED OT WHILE	P.M. 21e PLACE OF INJURY 1AT HOME STREET FACTORY OF	FFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	IWN COL	UNTY
s aor	22a. I certify tho	t (this hospito) attended the deceased f		1	10 4/12	19_8	2. that
2 m 2 l	sow the decobove, (1) w	e) (did (did not)	wiew the body ofter death.		nd that in my (our) opinion of	death occurred on the d		om the cous
# #e	mar	in Ch	ung n	7.0	ATTENDING PHYSICIAN	MEDICAL STA	FF _	PRIL 1
		S NAME (TYPE OR P	RINT)		22e ADDRESS			
			4					
MPORTANT	MARIA			02 14115 5	3629 Grewer	GES DR.	Siven der	ING, 1
MPORTANT		ON, REMOVAL	23b. DATE APRIL 14, 1987	231. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN RI JENDALI	SILVER SPR	UNG, I



	/
051999	APR.
	176 88

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE		DEI ARTH		ICATE OF DEATH	REG. NO		15	4
	DECEASED NAME FIRST	Clarence	C.		real	to bring or berinin	MONTH 2, 1	987	26 HOUR 8
3.	Male	4 RACE Bla	ack	5. DATE O	рг в в в в в в в в в в в в в в в в в в в	6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O MONTGO	R COUNT		M
. 40	Rockville				tist Hosp.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Lab Tec		126 KIND (INDUSTRY)	OF BUSINESS OR
) U	30. STATE Md. 136 M	ounty	ROCKVII		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 410 MCLa			20850
	FATHER'S NAME FIRST Frank		LAST			olet Dobb	s	LA	
16		ARMED FORCES? S. GIVE WAR OR DATES) WII	568-20-		Robert B.	ADDRE Isreal(so	21	ckvil1	an Bur e, MD
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI		nce		yrs
	190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	19b CONDI FDEATH HOUR A.	OS TOTAL	OPERATIO (N WAS PERFORMED 5 STUCTION 216. HOW INJURY OCCURR	2001 ALTOPSYP ask	20 IF YE CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED
1	WHILE AT WORK	21e. PLACE ([AT HOME, STR	OF INJURY BEET, FACTORY OFFICE, FA	IRM, ETC)	211. LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
	27a I certify that (I) (this h sow the deceosed oliviabove, (I) (we) (did) (di 27b. SIGNATURE 27d PHYSICIAN'S NAME (I Robert J	on don't he book	hel		DEGREE ATTENDING PHYSICIAN 27e ADDRESS 15 Deer Pai	MEDICAL STAF	te and hou	ond from the	2/87 20877
23	30. BURIAL, CREMATION, REMO		23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	AT CIL	COUNTY	STATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

George R. Snowden

3-87 | Gate of Heaven | S 246 New Washington Rockville, MD 20850 | APR 16

Silver Spring, Montg, MD
C'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	
52453		REG. NO) REASED NAME FIRST MIDDLE LAST REG. NO)	_
ge 4 moy ector, pag rs after de	3. SE		-
deoth Post		THPLACE ASTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MONTGOMEY WIDOWED DO DIVORCED MONTGOMEY	MD
by the filed with	Si	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12d USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY L RESIDENCE (A NURSING HOMEOR OTHER INSTITUTION, GIVE REPIDENCE BEFORE ADMISSION)	OR
LAND 21 hin 24 ho try filled in hould be	130	THER'S NAME 136 COUNTY 136 COUNTY 136 COUNTY 136 CITY OF TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS) ZIP COOR RA / 208 THER'S NAME 15. MOTHER'S MAIDEN NAME	140
E, MARY		AS DECEASED EVER IN U.S. ARMED FORCES? 166/SOCIAL SECURITY NO. 17 INFORMANT ADDRESS FORCES VILLE 1	99
LTIMOR to be essent mr. Poget		ES, NO OR UNENDUM) (IF YES, GIVE WAR OR DATES) 577-48-3710 DOYIS Lyles (niece) 19411 Servesalem Ref.	/0
201 W. PRESTON ST., BA		18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	H
RECORDS, 2	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 SUBTRIBLY CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FINDINGS USED	
OF VITAL RE CLAN. The issues that of alternating and alternati	AL CERTIFICATION	PES NO STATE OF INJURY OR CONTRIBUTING CAUSE OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
DIVISION O The choice of the certain of the busing the business of the bus	MEDICAL	THE FITHER NOTIFY AEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK ALONG K. ALONG K. NOT WHILE ALONG K. ALONG K. ALONG K. P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE	
ATTENDIA aspirat or ECTOR: Al of for rate of Stream or 21 is resis		220.1 certify that (1) (this hospital) attended the deceased fram 228 1987, ta 425, 1982, that (1 (we)) saw the deceased drive on 1992, and that it (my) four) opinion death accurred on the date and hour and fram the causes stated above. (1) (we) add add not vine the body after death.	bst
FRAL DIRECTOR System Community of the house of the community of the commun		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4/2(18)	>
HOSP O FUN Will be		WHIRE REPORT AVE.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

George R. Snowden

24 FUNERAL DIRECTOR

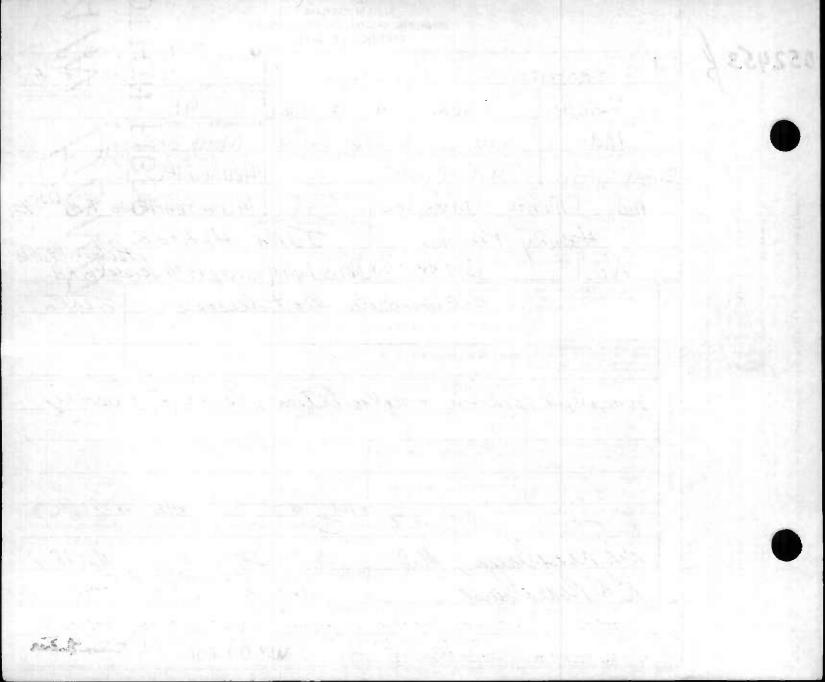
Burial

4-30-87 246 NessWashington St. Rockville, MD 20850

Elijah Cemetery

Poolesville, Montg. MD

MAY 0 1 1987 fulls Decider



049573 APR	9.	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYGI DEATH	ENE S 7	REG. NO	1 /	5 6
je 4 may be star, page 3 s after death			FIL S	S 4 RACE Blac	ck	ACKS. S. DATE C	DE BIRTH DAY	o**2	26. DATE OF D	RS (AST BIRTHDAY)	3 8 7 IF UNDER 1 YEAR MONTHS DA	2 40 M
er deoth. Page tuneral dire	1	RTHPLACE (STATE OR F OUNTRY) GEORGIA TY OR TOWN OF DEA		11. NAME OF	States	MARRIEI WIDOWE	D D	MARRIED	Mag	W75	NTY OF DEATH	RY MD. D OF BUSINESS OR
hours ofter hours ofter be filed wi	05U/	AL RESIDENCE (IF NURS	21NG ING HOME OR 136. COUN	HO LY	GIVE RESIDENCE BE	FORE ADMISSION)	138. INSIDE C	TITV I I AN I TY	Truck	Driver .	/	rernment
d within 24 authin 24 miles and 2 should a shoul	14. FA	THER'S NAME	V	WIDDLE	Wash.	,D.C.	YES 🔼	NO S MAIDEN NAM		ODRESS / ZIP C 7th Pl.		20018 eeks
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S, 201 W. PRESTON ST., Jires that the dann certification by the an indication propose remove. Companion, or removed to other traumotic even	NO	PART 2. OTHER SIGN	which nediate g the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSE	OUENCE OF	ome	L C	olore NAL DISEASE	OR CONDITION	Acy 2 G	fears
TAL RECORD The low requirion. Still permit. The green signer prior to green prior to show sony injury.	CERTIFICATION	190 DATE OF OPERAT				ICH OPERATIO		8		NO []	YES 🗌	SES OF DEATH?
DIVISION OF VITA B ATTENDING PHYSICIAN: TI ospitol or attending physicia BECTOR: After this certificate and for use as the burrol-transit put of Heolih and Mentol Hyggis with 21 is marked or item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNCOR CONTRIBUTING CITY (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHO (I) Sow the decays obove, (If (we)) c	CALEXAMINER RED This hospi	P. 21e. PLACE (AT HOME, ST	M. MONTH M. OF INJURY REET, FACTORY, OFF	ice, FARM, ETC.)	211 LOCATI	ON T	, to	city or town		state , that (I) we lost the couses stated
TO HOSPITAL O percent by the VIO FUNERAL D NAUGH be denoted the State D NAME OF THE STATE OF THE	23a. E	22d. PHYSICIAN'S NA MORTO WIRIAL, CREMATION.	v h	U.Sh	upiro	M.D.	22e ADDRES	PHYSICIAN SS	MEDICAL DIRECTOR [STAFF PHYSICIAN	Rd.	Bette mel.
1998P99		rial	2	4/8/87				Cemetery	CITY OF	PIOWN	PG M	farvland
DHMH - 16 ⁶ 60M 7/84 (VRA 15, 4)		EXANDER S.	POPI							GISTRAR 255 RE	GISTRAR'S SIGN	HATURE

051664 APR

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

aing physician and arbanpapers. Page

	STA	TE OF	MAR	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	STAT	STATE REGISTRAR			DEC WALL	CERTIFICATE OF DEATH				REG. NO.	1	157		
1	1 DECEASE	DNAME	FIRST	N	IDDLE		LAST	4	20. DATE OF DE	ATH MONTH	DAY	YEAR	25 HOU	R
1	TITE ON PRIN	Robert		B.		Jacoby			April 20, 19		1987	987 3:30P		DP A
1	3. SEX		4	RACE			OF BIRTH		AGE (IN YEARS	LAST BIRTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HR5
	Ma	le		Whit	e	MONT	v 2. 1906	EAR	80	YR	MONTH	S. DATS	HOURS	MIN.
1	To BIRTHPL		OR FOREIGN 7	. CITIZEN OF V	WHAT COUNTRY?	8			BALTIMORE	CITY OR COU		EATH		
4	COUNTRY	Ohio	/	U.S.	Α.	WIDOW	DIVORC		Montg	comery				IM.
1	O CITY OR	TOWNOF	DEATH / 1	1. NAME OF H	IOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTI	ION I	120 USUAL OC				F BUSINE	
1	Bet	hesda		Carri	age Hill	ADDRESS BE	thesda		Lawy	R MOST OF WORKIN	G LIFE) IN	TAW		
1	USUAL RES	IDENCE (IF N	IURSING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						TAN		
A	DC	_	No COUNT		13c. CITY OR TOW	N	YES NO	_	3806 4	RESS / ZIP CO	ODE	94	1010	1
+	14. FATHER'S		44		MCGITE		15. MOTHER'S MAII			/W Sta	NW			
1	J	Wilb	ur	DDIE	Jacoby		Edna		М	IDDLE	1	Bir	i	
		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR			16b. SOCIAL SECU	17. INFORMANT ADDRESS								
7	No				269-01-	6103	Alice M	• Jac	oby Sam	e as it	em #	-		
	18 CA	AUSE OF DE	ATH (Enter only	ane cause per	line far (a), (b), an	dic			1			BETWEEN	MATE INTERV	VAL DE ATH
	PA	ART I. DEATH	I WAS CAUSED		Hentemyocarle			dial	Infe	w	number			
1						S A CONSEQUENCE OF				disease				
)	Conditions, if any, which ((b)			((b)_	Coronos arles								on	_
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										0		
	unde	underlying cause last.									9			
1	PART	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
1	ON													
	Y 190 D	210. ACCIDENT WAS UNDERLYING 21b. 1		19b. CONDITION FOR WHICH		HOPERATION WAS PERFORMED)	IN CERTIFY			, WERE FINDINGS USED YING CAUSES OF DEATH?		
4	Ŧ											NO NO		
4	21a. A				IME OF INJURY 21c HOW INJURY OCCU						1B PART I (OR PART 2)		
1	00.00			,	HOUR A.M. MONTH DAY YEAR									
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE		OF INJURY 211 LOCATION										
1	4414169	WHILE NOT WHILE AT WORK		(AT HOME, STRE	EET, FACTORY, OFFICE F	STREET	STREET			CITY OR TOWN COUNTY STATE				
1				t) attended the	deceased from_	1-	> ¥ 10	69	10 4	-20	10	->	that (I) (M	te) lou
1	50	aw the dece	ased alive on_	4-4-	-8/19		nd that in (my) (awa)	opinion de	eath accurred o	n the date and	hour and			ted
		IGNATURE	(did not)	view the bady	atter death.		DEGREE					22c DATE	SIGNED	
		22d PHYSICIAN'S NAME (TYPE OF PRINT) Russell M. Tilley, J			ATTENDING				MEDICAL		112000			
	224 8							ICIAN 🔄	DIRECTOR PHYSICIAN F				0	_
					1			701 Mass. Ave. NW. Was			h D G 20036			
1						IAME TO					· C ·	2001	0	
	(SPECIFY))	N, REMOVAL	236. DATE 4/22/87	_		EMETERY OR CREM		23d LOCATIO	OWN		YIM	51	ATE
1	24 FILLIEDA	Cremation 4/22/87 Cedar Hill Crematory Suitland, MD 4 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR' 256 REGISTR												
								A DD	97 40	O7	SISTRAR'S	SIGNA	Holes	10
-	DT.	JU WI	Ave. N	5130 WI Ave. NW Wash., DC 20016 APR 27 1987										

OHMH - 16 odm 7/84 (VRA 15, 4)

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1 - STATE REGISTRAR			DEPARTI		ICATE OF DEATH			15	-8
1. DECEASED NAME (TYPE OR PRINT)	FIRST	BETH	C.L.		AFFE	20 DATE OF DEAT	4-24-	DAY YEAR	26 HOUR 624 PM
Female		White			st 19, 00 1 9 3 2 EAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Netherland	s	Nether		MARRIE			ntgomer	У	MD
Rockville	8	1 Barc	lay Court	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUI (TYPE OF WORK FOR MI Homer	OST OF WORKING LI	FEL INDUSTRY	me
USUAL RESIDENCE (IF N 130 STATE Maryland		gomery			13d. INSIDE CITY LIMITS? YES NO	1 Barcla	ss / zip code	20850	
Alfonse	M	IDDLE	Litjens		Elizabeth	MIDD	VV	elling LAS	БТ
160 WAS DECEASED EV NO OR UNKNOWN)		MED FORCES?	215-52-5		Matthew E.		and) sar	ne as 13	Зе
Conditions, if o gove rise to couse (a), ste underlying coi	mmediate oting the use last	CAUSE (o) DUE TO, O (b) DUE TO, O (c)	r as a conseou r as a consequ	ENCE OF	WITH LIVER M		CONDITION GIV		8 months
OF THE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTII	S, WERE FINDII FYING CAUSES	
OR CONTRIBUTING L	CAUSE OF DEAT EDICAL EXAMINER) JRRED WHILE	P. 21e PLACE	M, MONTH D. M.	AY YEAR 19	211. HOW INJURY OCCUR 211 LOCATION STREET		DR TOWN	PART I OR PART 2)	STATE
27d. PHYSICIAN'S	(I) (this beaptife osed alive on _	view the body		, 01	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 10400	MEDICAL DIRECTOR PH	STAFF YSICIAN [220 DATE	
230 BURIAL, CREMATIO	N, REMOVAL	23b. DATE 4/28/			EMETERY OR CREMATORY V'S Catholic Ch	23d LOCATION	ëterv	Rockvil	le, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for with the State Dept. of

BP.

r use as the burial-transit permit. Then please re Health and Mental Hygiene prior to burial, cren

IMPORTANT: If them 21 is marked or them 18

1331 Rockville Pike, Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

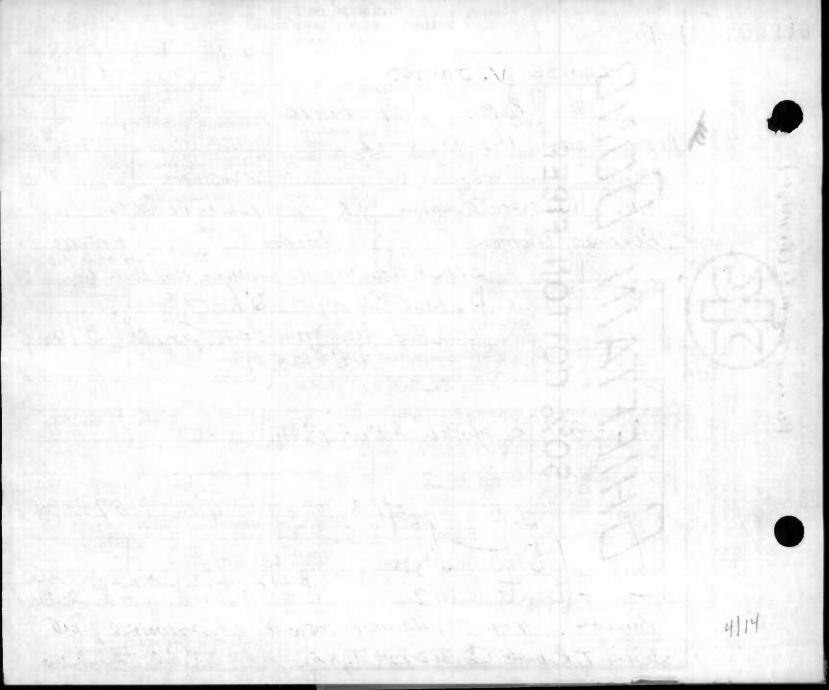
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ARYLAND 2120 should be detached with the State Dept. FUNERAL IMPORTANT 0

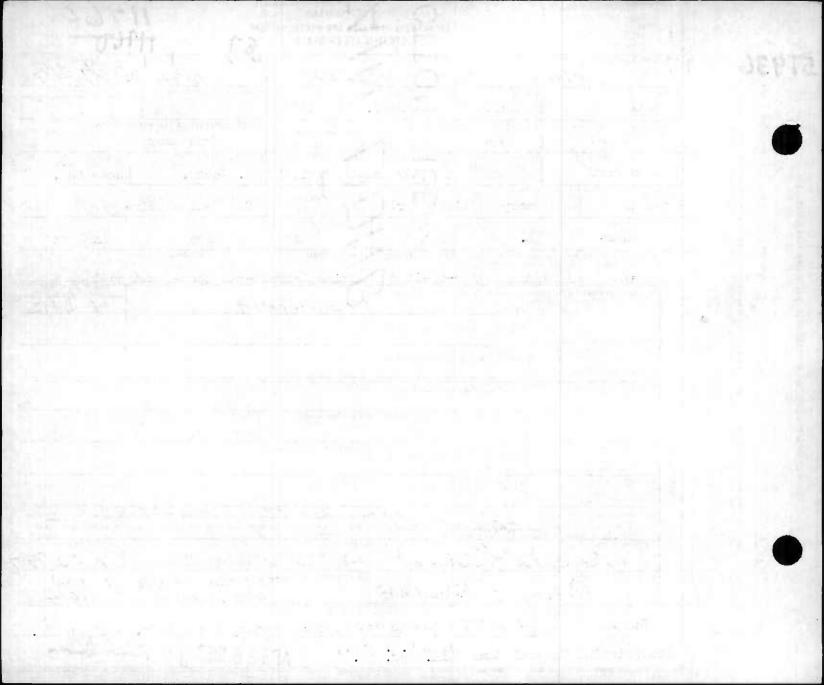
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LOUISE V. JAMES 0 IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FEMAL BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED MONTHOMERY 12b KIND OF BUSINESS OR INDUSTRY ETHESD SUBURBAND EAMSTRESS 13e. STATE 13e.STREET ADDRESS / ZIP COD 13d INSIDE CITY LIMITS? 4 FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse lol, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING THE HOW MILITY OCCULRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY STATE CORRECT. AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (I) (this hospital by ended the deceased from the deceased alive and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did. the body ofter death 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF 22d BHYSICIAN'S NAME 22e ADDRESS 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84



	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH		REG. NO.	117	60
36 30		CEASED NAME FIRST OR PRINT!	RY	MIDDLE 7.	7	ETER	DATE	OF DEATH MONT	L 25/9	AR 6 26 HOUR 8/16/PM
ector. pog	3. SE	emale	4 RACE Whi	te	S. DATE OF			IN YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
oth. Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Texas	76 CITIZEN C	OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	U	Montgome		H MD.
by the fundfiled within		ty or town of death koma Park	11. NAME C	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET Shington A	GHOME OF ADDRESS) dventi	st Hospita	120. USU	ALOCCUPATION VORK FOR MOST OF WOR	KING LIFE) 12b. KIN INDUS Hous	ND OF BUSINESS OR STR Speaker o Se Rep.
24 hour filled in the following the filled in the following the followin	130. 130. lar	AL RESIDENCE (IF NURSING HOM STATE yland Mon	e or other institution of the contract of the	ON GIVE RESIDENCE BEFORE 130. CLTY OR TOW SILVEY S		134 INSIDE CITY LIMIT	13e STREI	T ADDRESS / ZIP	CODE Drive	2090
mpletely and 2 sh	14. FA	THER'S NAME James	MIDDLE	Box		15. MOTHER'S MAIDER	NAME	Ann	I	ambert
medicals		VAS DECEASED EVER IN U.S. res. no or unknown) {	ARMED FORCES GIVE WAR OR DATES			17 INFORMANT Elaine Gai	rrett-da	ADDRESS	same ac	130)
**************************************		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one couse p			PNEUM			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
quires that the deat signed by the atter hen please remave or to burral, cremation, jury, or ather troum	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO,	OR AS A CONSEQUE		NOT RELATED TO THE	TERMINAL DISE	ase or conditio	IN GIVEN IN PAR	RT 110
on. hos been t permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATION	WAS PERFORMED	200 A		IF YES, WERE FI CERTIFYING CAL YES T	INDINGS USED USES OF DEATH?
froote Fronsi Hyg Hyg Sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	E OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN IT	EM 18 PART I OR PAR	17 2)
offending p for this certificate by the buriol- rond Menta	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	CE OF INJURY STREET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOWN	COUNT	TY STATE
he haspital ar DIRECTOR Af Toched for use o Dept. of Health		22a. I certify that (I) (this hi saw the deceased alive above (I) (we) (did) did 22b. SIGNATURE	on_A	PIL 25 198		that in (my) (our) api		APPIC Fried on the date of STAFF OR PHYSICIAN	22c. D	, that (1) (we) lost in the causes stated DATE SIGNED
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		Roc	PEOR PRINTI	KRICH.		22e ADDRESS	7733 1 WAS	ALASKA A		200/2
BP		SURIAL, CREMATION, REMOVING BUTIAL SPECIAL DIRECTOR	7AL 236. DATE 4-28-			METERY OR CREMATO	Cemetery	CATION CITY OR TOWN Ade 1phi	Pr. Geo	orges Md.
OHMH - 16 60M 7/84 (VRA 15, 4)	Hi	nes†Rinaldi Fu	meral Ho	ome Sil.	N.H. A Spr. M	id.	APR 28	1987	a Devider	Rudus



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STATE OF MARYLAND

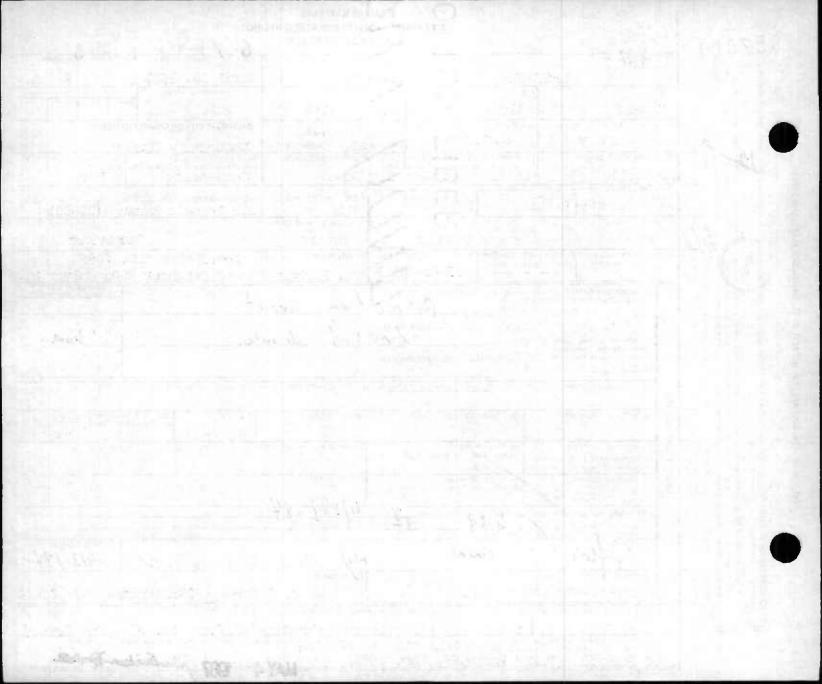
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. /		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR	25 HOUR
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186	1	CONTRACTOR	OUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		No /	70001
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X51		rate!	MIDDLE	LAST	4 - 4	FIRST	MIDDLE		LAS	17
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列列		VES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)							#13
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19		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one cause p		3	417			BETWEEN	MATE INTERVAL ONSET AND DEATH
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9 6		220.1 certify that (1)(1)his h		4		CT 21, 19 36	10 APR		987.	thot (we) lost
in re		sow the deceased aliv above, (I) ((a) (did) (did)	e on	dy after death.	87.0	nd that in (our) opinion	death occurred on the d	ate and hour o	ond from the	causes stated
10.1		226. SIGNATURE	0,			DEGREE			22c. DATE	SIGNED
3 -		Martin C	. Therege		M	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [41:	3/87
15 3	1	22d. PHYSICIAN'S NAME I	YPE OR PRINT)			22e ADDRESS 377	O FALLA	GUT A	WE	
200		MARTIN	C. 5.4+	ARGEL,	M.D		is, NFT al		-208	95
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1011 7 10 1	24 F	UNERAL DIRECTOR		1,1011	1-1-1-10		TE REC'D BY REGISTRAR			
60M 7/84 5, 4)	CH	mbers Funque	4 Home	SUNFO	DOING	MARULAND A	PR 9 1987	Print !	Lastdern.	Kandalla
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STATE OF MARYLAND

5200		1-	STATE REGISTRAR			DEPARTN		ICATE OF DEATH	REG. N			
230	1 1		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		Y YEAR	2b. HOOR
2 25		(TYPE	OR PRINT)	GERTI	RUDE	R.	JOS	ЕРН	April 30,	1987		9:45A.M
p b		3. SE	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
100	1	45	emale	3 - 17	White	2	May	14, 1906 YEAR	80	YRS.		MIN.
7 95	1/	a. Bi	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
1 . 15	2/		w Jerse	_		.A.	WIDOWE	DIVORCED	Montgamer			MD.
	10	Ro	ty or town of ckville		Collin	ich facility, give street in 195wood Nu	rsing	Home	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWI	OF WORKING LIFE)		F BUSINESS OR
filled in mould be	67	13a. S	AL RESIDENCE (IF ON TATE W Jerse	13b COUN	VTY.	N. GIVE RESIDENCE BEFORE 13. CITY OR JOW PASSALC	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 215 Passai		ue (07	055)
Amazan Marana	1//	14. FA	rther's NAME First		MIDDLE	Riskin		Mamie	MIDDLE MIDDLE	Gu	revit	Z
213	2	160 V	VAS DECEASED EV	VER IN U.S. AR) (IF YES, GIV	MED FORCES? E WAR OR DATES)			17. INFORMANT	Kensingt	δn, MD	. 2089	5
2 2	1		NO					Mrs. Richard	Dimond; Dauc	hter; 9	505 Cu	lver St.
hys. hys. cvol	f		18 CAUSE OF DI PART I. DE AT	EATH (Enter an H WAS CAUSE	lly ane cause pe D BY:	er line far (a), (b), and	1000	tenen come	4		BETWEEN	MATE INTERVAL DNSET AND DEATH
ng bu	40.0	1	912	IMMEDIA1	re CAUSE (a)_		1	Tentas is affect	<u> </u>		-	
# # FEE			Canditions, if	nny which	DUE TO, O	DR AS A CONSEQUE		has ple les	10		1.1	108.
the of the or	1		gave rise to cause (a), st	immediate lating the	DUE TO	OR AS A CONSEQUE		and the second			V	70.0
10 to	0		underlying co	ouse last.	(c)_							
Manuel Then plant to burn	allory.	NOI	PART 2. OTHER S	SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	N IN PART 1to	
he low on the low of t	9	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN NG CAUSES	GS USED OF DEATH?
A Tree of the party of the part	1	CER	21a. ACCIDENT WAS			OF INJURY	W WEAR	21c HOW INJURY OCCURR				
A THE	19	AL	OR CONTRIBUTING		CIPE .	A.M. MONTH DA	19					
PHYS mdm this c e bur d Me	5/	WEDICAL	21d. INJURY OCC			OF INJURY	ARM FIC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
A PART OF THE PART	100	*	AT WORK AT	T WHILE				11001 011				
TENDI	1		saw the dec	eased alive an	(W	be deceased from	3 = , 01	nd that in (my) (our) apinian o	, to	ate and haur c		that (I) (we) last
RECT PRECT	19		22b. SIGNATURE	e) (did) (did p6		B 757 TO 25		DEGREE			22c. DATE	SIGNED
ALD TO DE	-		H	au. C	5	ounf,		ATTENDING PHYSICIAN F	MEDICAL STA	FF CIAN (T)	34/	30/87.
F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	31		22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)			22 ADDRESS				
S = 53 =	00		JEAN-PI	ERRE F.	AURE, M	I.D.		8218 Wisc. A	venue, #208	;Bether	sda, M	d. 20814
2000	21		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	SLATE
BP 49			Burial		5/3/8	37 Ki	ng Sc	lamon Cemeter	y Clifton;	Passai	c: New	Jersey
DHMH - 16 60A	W 7/84	24. FI	JNERAL DIRECTO	R DANZAN	ISKY-GOI	DBERG MEN	ORIAI	CHAPELS 250. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
(VRA 15, 4	4)	11	70 Rockv.	ille Pi	ke; Roo	ckville, M	id. 20	852	A 1007 4	" David	Serve Barry	ALL:



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STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	
1. DECEASED NAME FIRST (TYPE OR PRINT)	IICHAEL ANTHONY JO	LAST	20. DATE OF DEATH	MONTH DAY YEAR 28. HOUR P
			APRIL 9	7/1
3. SEX MALE	A RACE CAUCASIAN	S. DATE OF BIRTH JANUARY 11 1928	6 AGE TIN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
70. BIRTHPLACE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		R COUNTY OF DEATH
MASSACHUSETTS 10. CITY OR TOWN OF DEATH	UNITED STATES 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED X	MONTGOMEN 12a USUAL OCCUPATION 13yPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR
BETHESDA	NAVAL I	HOSPITAL	MERCHANT	26 1 .26 1
13a. STATE 13b. CO	ORFOLK N. WEYMOUT	TH 13d. INSIDE CITY LIMITS? YES 12 NO 1 15. MOTHER'S MAIDEN NAI FIRST	WIDDIE	
160 WAS DECEASED EVER IN U.S.		IDITY NO. 17 INFORMANT	RY KADY ADDRE	SS
YES 194	5-1946 048-16-3	3680 PATRICK JOYO		ROAD, TEWKSBURY, MA
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		IINAL DISEASE OR CON	
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO NO
OR CONTRIBUTING CAUSE OF D	P.M.	19	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR PART 2)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
sow the deceased alive of	pital) attended the deceased from	FEBRUARY 2 , 19 87 87 , ond that in (my) (our) opinion (, to APRIL death occurred on the do	9 19.87 , that (I) (we) last one and haur and from the causes stated
226. SIGNATURE	endroch	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	
M. PIERDINOC	EK, LCDR, MC, USNE		L HOSPITAL ESDA, MD 20	814-5011
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	AL 236. DATE 23c h	NAME OF CEMETERY OR CREMATORY Bourne National Cem	23d LOCATION	MASS COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME Capitol Funeral Service Cass

Falls Church, Virginia

ADD 1 R INK

April 1, 1977 Bone a Carlonal Com. Dougle, 1971.

Towson Md. 2120

(VR A15 ME (5))

STATE OF MARYLAND

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	1		REGISTRAR			-	CEK	IFICATE OF I	DEATH	8 RE	G. NO.	16	4
052 79	11/-		PR PRINT)	PIRST PRIS	E	MIDDLE	KA	DAD		20 DATE OF DEA	042	5 87	0605 M
ge 4 may	1	Fer	nale		4 RACE White	e		e of Birth Otch 31	1943	6. AGE (IN YEARS L	ST BIRTHDAY) YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Por	7:2		RTHPLACE (STATE OR F	ORE(GN	U. S.	WHAT COUP	MAR	RIED NEVER	MARRIED	9 BALTIMORE C Montgome	TY OR COUNTY		MD.
on softer d	northing		roma Park	ATH .				e OR OTHER INS		NULSE NORK FOR A	PATION OST OF WORKING LIF	12b. KIND C INDUSTRY	of business or vate
24 hour filled in 8 byld be f	Ske Ske	Mas	il residence (if hurs Lijland	136 MOVE	other institution.	130 CURS	e BEFORE ADMISSI Mapark	13d. INSIDE C	CITY LIMITS?	13e.STREET ADDR	ESS / ZIP CODE	e.	20912
MARYLAND ed within 24 impletely fille	5	100	THER'S NAME FIRST	٨	MIDDLE	Grah		IS MOTHER	S MAIDEN NA/ FIRST			Tibbe	ST
BALTIMORE,	medical		(AS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b SOCIAL	A SECURITY NO	17 INFORMA Nati	han Kad	an, 811 1 Takon	Patch Avi		
r 201 W. PRESTON ST., BAI rms that the death certificate pred by the attending physici r please a made cathon pope	word.		Canditions, if ony, gove rise to imrcouse (o), statinunderlying couse	which mediate ag the lost	DUE TO, O (b) DUE TO, O (c)	R AS A CON	SEQUENCE O	Cancer	kuli	ne Hueze	S	BETWEEN	ONSET AND DEATH
ALRECORDS The low required in the base been against the perent. The	and and all	CERTIFICATION	19a DATE OF OPERA				VHICH OPERA	TION WAS PERFO		200 AUTOPSY YES NO	IN CERTIF	S, WERE FIND! YING CAUSES	INGS USED S OF DEATH?
ON OF VIT	Memol Hy	MEDICAL CE	21d. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CALEXAMINER	TH HOUR A.	M. MONT		21c. HOW IN		RED (ENTER NATURE)		ART 1 OR PART 2}	
DIVISION PROPERTY OF THE CONTRACT (In contra	th and orked	WE	WHILE NOT WE AT WORK				OFFICE, FARM, ETC	STREE	90	CITY	OR TOWN	COUNTY	STATE
ATTEND supplied of	21 47		22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an	HI	after death.	19. 8)) (aur) apinian	death accurred an	he date and hav		
A P O M O M O M O M O M O M O M O M O M O	ote Dep		226. SIGNATURE	mo	Ille	der	_		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE	ESIGNED
O HOSFIT eformed by TO FUNEM	APORTA		MULTIN D	. IOC	F3 75	525 9	peerus	4 Ch	In Gi	eenlelf	MO 2	0776	
BP_	1.5	Bu	URIAL, CREMATION, SPECIFY)		4/28/		Beth	F CEMETERY OR Cehillah		ery Plea	Išantvil	l & OUNTY	NewTerse
DHMH - 16 6 (VRA 15			VALADOM STOST Z ČÄRROLL						250.AP	RECD. BY REGIS	RAR 256. REGIST	RAR'S SIGNA	TURE - Rendage

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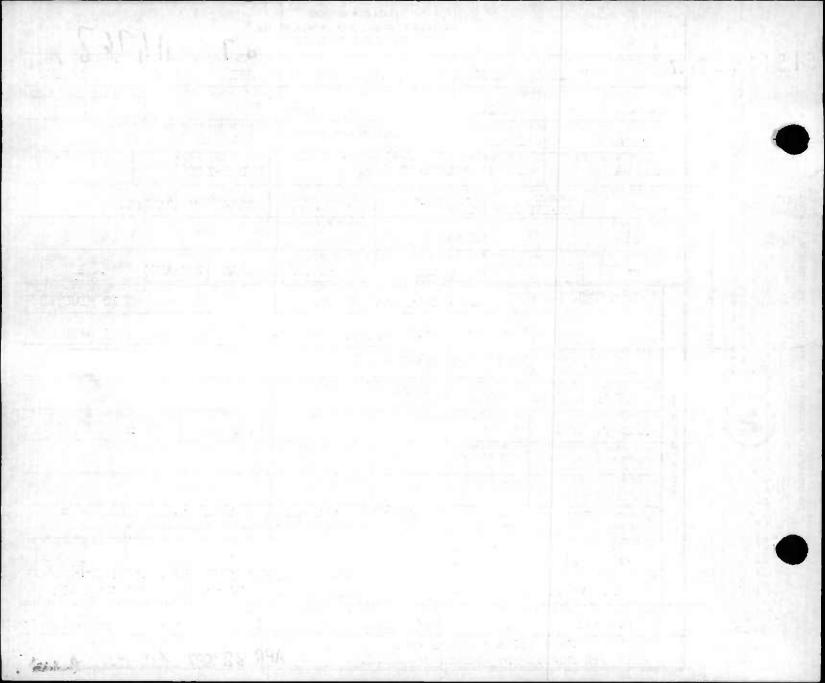
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	9 7 REG. N	0.	761
	ECEASED NAME PE OR PRINT) PI	UNITHA S	ELVARAJ	KALA	ASSELVAN	APRIL 15,	1987	10:30P M
. SE	FEMALE	4 RACE WH.	ITE	S. DATE O		6 AGE (IN YEARS LAST BH		UNDER LYEAR IF UNDER 74 HRS.
	SIRTHPLACE (STATE OR FO COUNTRY) India	INDI		WIDOWE		9 BALTIMORE CITY O MONTGOMER		
BE	THE SDA	NIHPT IN S	THEOUCEINTO	CALESSICE	OR OTHER INSTITUTION ENTER	HOUSEWIFE	ON DEWORKING LIFE)	126, KIND OF BUSINESS OR INDUSTRY
ľ	INDIA	N OTHER INSTITUTION TO THE CONTROL OF THE CONTROL O	13c XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		13d. INSIDE CITY LIMITS? YES NO []	MARTAMMAN	KOIL S	т. 99999
F	S . STREET	MIDDLE	SELVARAJ		15. MOTHER'S MAIDEN NA/ FIRST	WIDDLE		PREMA ^{AST}
	WAS DECEASED EVER II (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)			MR. K. KALAI	SELVAN (HUS		SAME
	PART I. DEATH WA	I (Enter only one cause p AS CAUSED BY: IMMEDIATE CAUSE (o)	CARDIOPUL	MONAR	Y ARREST			approximate interval active on onset and death LO MINUTES
NO	Canditions, if ony, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN RENAL F	dedicte (b) DUE TO, (c)_	or as a conseque	NCE OF	TPUT SYNDROME		IDITION GIVEN	5 DAYS
CERTIFICATION	APRIL 7, 1		IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLOR 21d. INJURY OCCURRING CONTRIBUTION COLOR AT WORK NOT WHILE NOT WHILE AT WORK 22a. I certify that (IX) saw the decesses above, (IX) we (Id) 22b. S. G. H. LIPE 22b. S. G. H. LIPE OR CONTRIBUTION CONTRIBUT	AUSE OF DEATH AL EXAMINER) ED 21e, PLAC	dy after death	ARM. ETC } Febru	21t. HOW INJURY OCCURR 21f. LOCATION STREET 14, 1987 and that in 1490 (our) opinion of DEGREE	city OR IC	DWN 19	county state 87 , that (X (we) last
30	22d PHYSICIAN'S NA. Richar BURIAL, CREMATION, R (SPECIFY) Removal	cd E. Clark	, M.D.	NAME OF C	276 ADDRESS NATIO ROCKVILLE PIK EMETERY OR CREMATORY	E, BETHESDA	JTES OF	#/6/87 HEALTH, 9000
4 F	UNERAL DIRECTOR	Marshall's Street NW:	Funeral	ome		van E REC'D. BY REGISTRAR PR 22 1007	256 REGISTRA	

DHMH - 16 60M 7/84 (VRA 15. 4)

4217 9th Street NW: Washington, D.C.

APR 22 1987



76	21 MAY	76	37
IND 21201	124 hours after death. Page 4 may be	filled in by the funeral director, page 3 aujuld be filed within 72 hours after death	make he hantied of bage

FOR STATE REGISTRAR			DEPARTN	ENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	6	EG. NO.	1 /)	. 0
1. DECEASED NAME	UBA	A	AIDDLE	KAPL	AN	APRIL	22	1987	7:25 P
FEMALE		4. RACE WHITE		S. DATE (6. AGE (IN YEARS	(AST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
70. BIRTHPLACE ISTATE OR CRUSSIA	FOREIGN	U. S.	WHAT COUNTRY?	8. MARRIE WIDOW		9 BALTIMORE O	_		
BETHESDA	ATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	SALES 1			RUSINESS NS HING
130. SMARYLAND	13by CON	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13 RUCKUPLI		13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADD	RESS / ZIP CO	ODE	20852
BERYET		MIDDLE	RATNER		15 MOTHER'S MAIDEN NAI HANNAH	ME	DDIE		CSON
160 WAS DECEASED EVER		MED FORCES? /E WAR OR DATES}	579-52-6		JOSEPH LEV			N AVENUE MARVIAND	
18 CAUSE OF DEAT PART I. DEATH W	H (Enter or VAS CAUSE IMMEDIA	TE CAUSE (0)	CATUID	nlug	endry ATTEST	1		APPROX	(MATE INTERVAL ONSET AND DEA
Conditions, if any gove rise to improve couse (a), statis underlying couse	mediote ng the	(b)	AS A CONSEQUE						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Mu DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s. AUTOPSY? 786 FYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

71k TIME OF INJURY 21s. ACCERNI WAS UNDERLYING HOUR A.M. DAY YEAR ON CONTRIBUTING CALCIE OF DEATH 214 INJURY OCCURRED 71a. PLACE OF INJURY JII LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DITY OF FOWN COUNTY STATE

1-24-8 DEGREE

STAFF

DIRECTOR 22e ADDRESS 15225 SHADY GROVE ROAD #206

MEDICAL

DR. PHILIP J.	SCHWARTZ	ROCKVILLE, MARYLAND	
IRIAL, CREMATION, REMOVAL	23b. DATE	ANUMAME OF I CEMPTERY OR GREMATORY AT WIS LOCATION	

23a. Bt BURIAL

4/26/1987

"WASHINGTON

24 FUDUNALD TR. STEIN HEBREW MEMORIAL FUNERAL 232 CARROLL STREET, N. W., WASHINGTON

should be detached for use as the burial-transit permit. Then please remove carewith the State Dept. of Health and Mental Hygiene prior to burial, crematian, a TO FUNERAL DIRECTOR: After this certificate has been signed by the attent

etained by the haspital or attending physician

HOSPITAL

BP

marked or Item 18 shows any

IMPORTANT: If Hem 21 is

injury, or other froum

CERTIFICATION

MEDICAL

DHMH - 16 50M 4/83 (VRA 15, 4)

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Common to the state of the stat				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PECEASED NAME A DATE KNOWN OF ESTI-DEATH MATED Karjala William 10 STREET 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE d HOUR LAST BIRTHDAY) 7:10 Male Caucasian April 8,1943 19 87 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED Washington, D.C. United States DIVORCED Montgomery County, PETAIN PAGE HOUID REFIED RECORD O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)

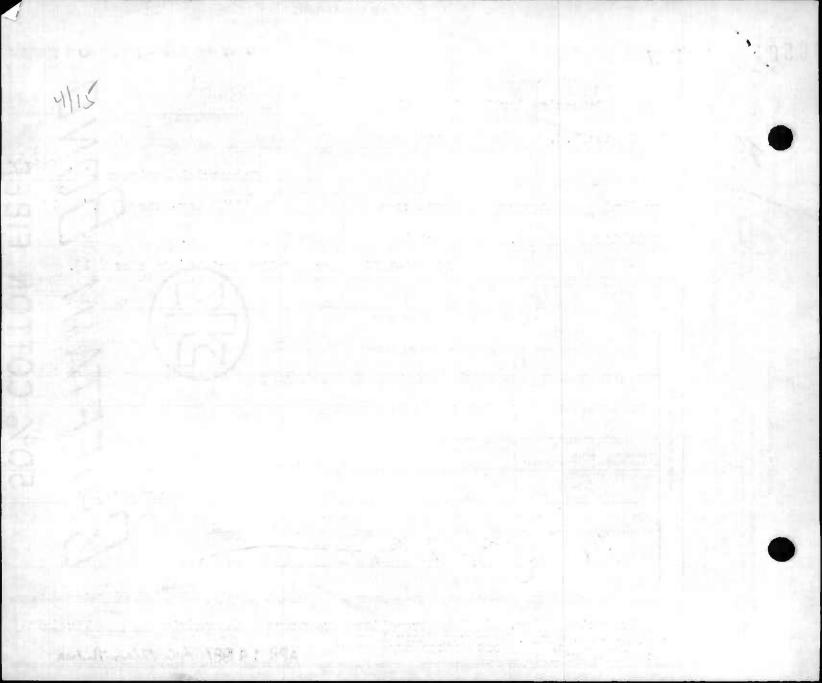
Thoustrial Designer mation Suburban Hospital Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Agency 30. STATE 135 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 13920 Darnestown Rd./20878 Maryland Montgomery Darnestown YES [MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST William Kariala Lucil Arant FORM DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANI ADDRESS PAGES (YES, NO OR UNKNOWN) 226-54-2054 Karen Gally Karjala/ Same as # 13. No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL
RETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTERDEATH WITH HESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTMONE.

ALTIMONE.

IND. 2201 PR.OR. 10 BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH X OR HOUR A.M. MONTH DAY YEAR 615KM 4-6 1987 motorcyclist impacted auto 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. Falls & Chandler Rds., Rockville, Mont. Co., Md. road Autopsy X 278 I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident XX death resulted from Homicide Undetermined monner Notural causes TITLE-ISPECIFY SIGNED 4-6-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Baltimore, Md. Dennis F. Smyth, M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Cremation Apr. 8, 1987 Metropolitan Crematory Alexandria Virginia 07/84 Rockville, Maryland 20850 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17**

tea Devideon- Pandack

(VR A15 ME (5))



STATE OF MARYLAND

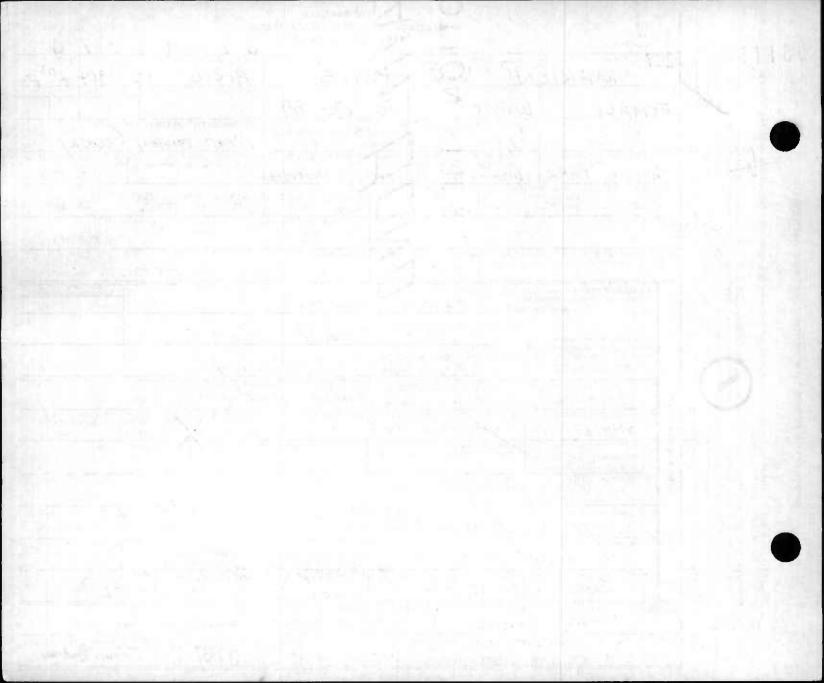
	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG CICATE OF DEATH	REG. NO.	1770			
Y	Guir	MARIO		EE K	ATZ Katz	APRIL 1	DAY YEAR 26 HOUR 5 1987 205 ρλ			
7	3, 5E	EMALE	WHITE	5. DATE (DF BIRTH DAY VEAR 02 07	6 AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.			
9		IRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT MONTGOMERI				
/	7	AKOMA PARK	WASHING	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) TON ADVEN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY OWN HOME			
8	Ulu. S	AL RESIDENCE (IF NURSING HOME OF STATE PAI	M DEACH 13c	residence before admission) CITY OR TOWN AKE WORTH	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL 3959 PONCIANA	E 99999			
3	8	Hyman	MIDDLE F	orman	15 MOTHER'S MAIDEN NAME FIRST ROSE	WIDDLE	AXELBAND			
3	16a V	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	SOCIAL SECURITY NO. 091-09-3684	17 INFORMANT HERMAN KATZ,	ADDRESS HUSBAND, SAME A	S ITEM #13			
	The state of	PART I. DEATH WAS CAUS IMMEDIA Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS	PARDIAC A CONSEQUENCE OF ACONSEQUENCE OF		LIVER FAILUR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	NON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
2	CERTIFICATION	3/19/87		TABLE ANG	FINA	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)			
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AL WORK	PART I OR PART ?) COUNTY STATE							
		27a I certify that (I) (this haspital) attended the deceased from 3/19/8/1, 19 to 4/15 19 saw the deceased from 19/8/1, and that in (my) (aur) apinion death accurred an the date and haur a 27b. SIGNATURE. DEGREE								
1		22d PHYSICIAN'S NAME (TYPE	Val MO NEIMAT,		ATTENDING PHYSICIAN E 22e ADDRESS 10313 SILVER SPA	AEDICAL STAFF DIRECTOR PHYSICIAN D AEORGIA A 2/NG, MD 20	v. 0902			
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 4-17-87		EMETERY OR CREMATORY RARAT CEMETERY	133 LOCATION CITYOR TOWN FARMINGDALE,	COUNTY STATE NEW YORK			

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR PLAZA MEMORIAL CHAPEL 630 AMSTERDAM AVE., NEW YORK, NY 24 FUNERAL DIRECTOR

250 DATE REC'D, BY REGISTRAR 255 REGISTRAR'S SIGNATURE

10024



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BY THE WITHIN A LINE AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAIDING" IN FENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICALE. AMININER MICH FORM PM 3. PETAIN PAGE 5 FOR YOUR FILES. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

97

STATE OF MAKYLAND

DEPART	MENT OF HEAL	H AND MENTAL HTGIENE	
MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	

STRAR SED NAME JAMES JAMES 14 RACE 15. DA	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	FIG NO. 7 7
SED NAME JAMES James	WIDDLE	0	NEO. INC.
	*	KAVOURES OF E DEATH M.	STI 2
4 KACE S. DA	THE OT BIRTH	IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR
1 W So	10 6 26 30 06 YRS.	DEAD	NPV0 / 10,19 87 P
(COUNTRY)	TIC A	AARRIED NEVER MARRIED 9. BALTIMOR	RECEPT OR COUNTY OF DEATH
R TOWN OF DEATH	VAME OF HOSPITAL, NURSING HOME, OR	OTHER INSTITUTION 120 USUAL OCCUPAT	TION (TYPE OF WORK 12h KIND OF BUSINES
1. Spi	IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING	Officer I.R.S.
SIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	22020
1d Mont	13c CITY OR TOWN	YES DE 10911 Am	heratare Apt 50
R'S NAME FIRST MIDI	DLE LAST 00	15. MOTHER'S MAIDEN NAME MIDD	DLE LAST
Nicholas	Kavoures	Nicholeta	Kominis
DECEASED EVER IN U.S. ARMED F D. OR UNKNOWN) 765 (IF YES, GIVE WAR OF KOTEAN	PORCES? 166. SOCIAL SECURITY NO 030-22-9463	Kalliopi Kavoures-wi	fe-(same as 13e)
CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	couse per line for (o), (b), and (c).)	Your dial Dis	APPROXIMATE INTER
	DUE TO, OR AS A CONSEGUENCE OF		
lying couse lost.	(c)	DISEASE OR CONDITION GIVEN IN PART 1 (a)	
lying couse lost. RY 2 OTHER SIGNIFICANT CONDITIONS CONTRI	(c)		On AUTOPSY2
lying couse lost.	(c)		20 AUTOPSY?
I 2 OTHER SIGNIFICANT CONDITIONS CONTRI TO THE OF OPERATION EXTERNAL CAUSE WAS IDERLYING OR	(c)	ON WAS PERFORMED?	YES NQ
Tying couse lost. To other significant conditions control DATE OF OPERATION EXTERNAL CAUSE WAS	(c)	ON WAS PERFORMED?	YES NO
DATE EXTE DERLY NTRIB INJU HILE	ER SIGNIFICANT CONDITIONS CONTR	ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL L PL TOF OPERATION 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 11UTING CAUSE OF DEATH P.M. 19 12b. PLACE OF INJURY (AT HOME. 2) STREET, FACTORY, FARM, ETC.)	ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FOR OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19TUTING CAUSE OF DEATH P.M. 19 RY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN

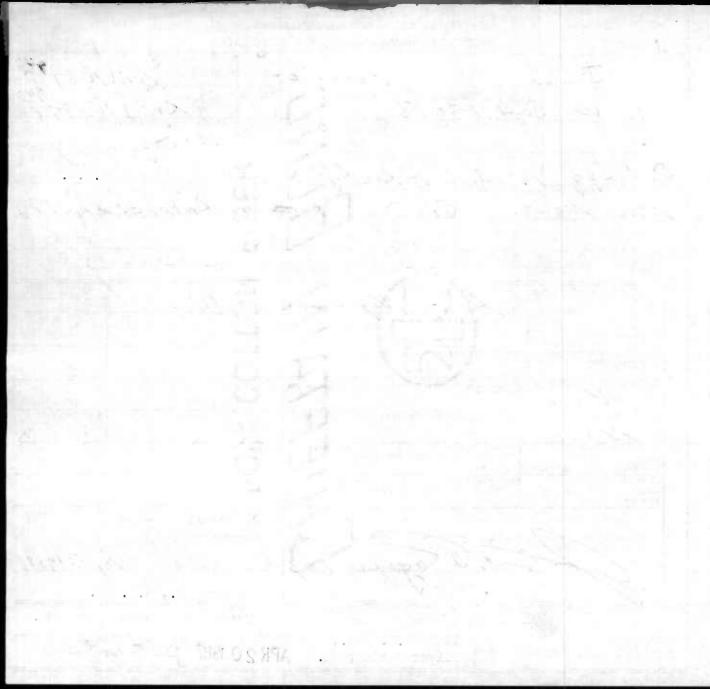
07/84 25M

DHMH - 17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR Hin'es/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.

APR 2 0 1987

25) REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other traumotic event, the medical

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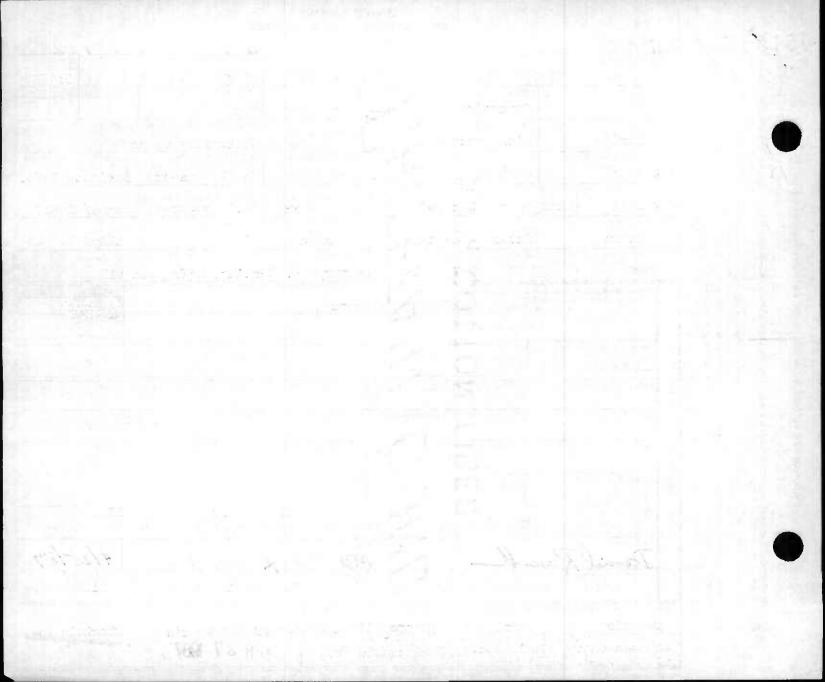
STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIE
CERTIFICATE OF DEATH	L _p

1	FOR - STATE "REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. N		17	2
	ECEASED NAME FIRST	MID		l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Jame	s Vic	ctor	Ke	ating III	April 25	, 19	87	3:45PMm
3 S	EX	4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
ma	ale	Caucasia	an	Nov		60	VPS	MONTHS DAYS	HOURS MIN.
70. 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Florida	76 CITIZEN OF WE		8	D K NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH Montgomery County			
1	city or town of DEATH thesda	(IF NOT IN SUCH F	ACILITY, GIVE STREET A	DDRESS)	sing Home	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Gen 1 Mana	F WORKING L	FE) INDUSTRY	SS Info.
130. Ma		OR OTHER INSTITUTION GI		ADMISSION)	13d, INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 9104 Hemps	ZIP COD	E	
14, 1	James	Victor	Keating	3	15. MOTHER'S MAIDEN NA Edna	WE		Lloyd	
16a	WAS DECEASED EVER IN U.S. A		RITY NO.	17 INFORMANT	ADDRE	SS			
	YES NO OR UNKNOWN) (IF YES G	W II 7	727 05 28	340	Kathryn K. K	eating, wife	e . se	e #13	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per fin SED BY: ATE CAUSE (a)	ne for (o), (b), ond Malignant	t Mel				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH nths
NOI	gove rise to immediate couse [o], stofing the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR A	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITK	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO YES NO YES NO			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
MED	WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	FINJURY T, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	saw the deceased alive o obove, (I) (we) (did) (did n	Apr 23	19		, 19 <u>86</u> and that in (my) (our) opinion	to Apr 25 death accurred on the de	ate and he		that (I) (we) lost causes stated
	22d PHYSICIAN'S NAMB (TYPE Daniel Ros	OR PRINT)			DEGREE ATTENDING PHYSICIAN SERVICE ADDRESS 10400 Conr	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌	MD 208 Kensir	5/87
0	BURIAL, CREMATION, REMOVA (SPECIFY) remation	April 2	8. Met	tropo	EMETERY OR CREMATORY litan Cremato	23d LOCATION CITYORTOWN TV Alexandr	in	COUNTY	STATE
Be Be	thesda, Md. 208	A Pumph	rey Fund 7557 Wis	eral	Home in Av., 25a DAT	ERECTO, BY PEGISTRAN	25h. REGIS		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)



ATTENDING PHYSICIAN, The law requires that the death certificate be

TO HOSPITAL

,051271

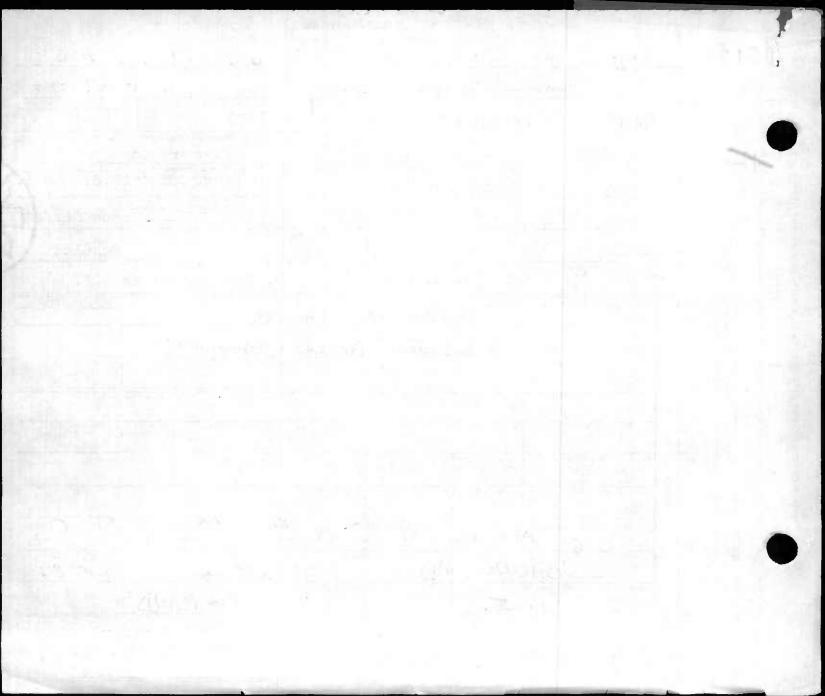
STATE	OF B	ADVE	ABLES
11011	ura	AAKTI	A PH 17

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAI	L HYGIENE 8	REG	NO.	1	1	3	
1		OR PRINT)	FIRST		MIDDLE	ŧ.	AST	20	DATE OF DEATH	MONTH	DAY	YEAR	25 HOU	
ı	2 667		rund	RACE	Joseph	5. DATE C	Leesey	- 1	GE (IN YEARS LAST	4	15	87	10:30	M
	3. SE)	MALE		CAUCA		Mar		19	78	YRS	MONTHS	DAYS	HOURS	WIN
		Pennsyl			what country?		D NEVER MARRIED	7/	ontgom					MD.
)	Olney 11. NAME OF HOSPITAL, NURSING HOME OF						PROTHER INSTITUTION	N 120	Pubolic action	offic	E 175	KIND O	GOV	
5		AL RESIDENCE HE NUR TATE Aryland	Monto	omery	ROCKVI		134 INSIDE CITY LIMI	rs? 13 <u>4</u> 5	STREET ADDRESS IN	s/zipco deper	nden	ce s	St./	208
1		THER'S NAME	M	DDLE	Keesey	7	15 MOTHER'S MAIDE Rose	N NAME	WIDDH		S	chů:	ltz	1
		VAS DECEASED EVER		ED FORCES?	347 12		17 INFORMANT Timothy	А. К		Same	as	#13		
		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:	line for 101, (b), or REPIRA		Y FAIL	MIZE				APPROXI BETWEEN C	MATE INTER	VAL
	NO	Canditians, if any gave rise ta im cause (a), stati underlying cause PART 2. OTHER SIG	mediate ng the e last	DUE TO, O	R AS A CONSEOU MALL GNA R AS A CONSEOU DNTRIBUTING TO	ANT ENCE OF	PLEURAL NOT RELATED TO THE		FFUSIB DISEASE OR CO		GIVEN IN	PART 1 c		
7	CERTIFICATION	19a DATE OF OPERA	MOIT	196 COND	ITION FOR WHICH	OPERATIO	IN CERTIFY					, WERE FINDINGS USED YING CAUSES OF DEATH?		
1		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME C HOUR A.	M. MONTH D	AY YEAR	R 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2)							
	MEDICAL	21d INJURY OCCUR	HITE []	21e. PLACE	OF INJURY REET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TOWN			DUNTY	5	TATE
		22a I certify that (I saw the decear abave (II) we)) (this haspite sed plive an did) did nati	1) attended the APRIL wiew the bady	e deceased fram_ 14 19 d		od that in (aur) ap	86 Dinian death	taAPK_ accurred on the		, 19 C laur and f			ve) last . ited
		226. SIGNATURE	JEA	due	-, MD			ING MI	EDICAL S RECTOR PHY	TAFF SICIAN [2:	4-15	SIGNED	7
		TED E		OWE.			22e ADDRESS OWE	4	MARY	LANT	2			
	- 1		ation		7,1987	NAME OF C	emetery or cremate ropolitan	ORY Cre	a location matory	Alex	kand	ria	, VA :	TATE
	P E	SCKVIII	Rober 'Mary	‡gå.w	Pumphre 20850	y Fun omery	eral Home	e APR	22 198	AR 25h, REG	ISTRAR'S	SIGNAT	bre das	2-

to FUNERAL DIRECTOR: Africability of the control of the State Dept. of Health

DHMH - 16 60M 7/84 (VRA 15, 4)

MFORTANT, if Hells 2) is morked or lifem



STATE OF MARYLAND

DEPARTMENT	OF HI	HTLA	AND	MENTAL	HYGIENE
CE	DTIE	CATE	OF	DEATH	

551 APR	17	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL		REG. N	o. 1	11	64
ot 3		OR PRINTI	FIRST		ent:	Ko.	AST	20	DATE OF DEATH	MONTH 4_1	9-87	12 5 P M
poge 3	3. SE			RACE	e II (.	5 DATE C	OF BIRTH	6. /	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 of to	F	'emale		Cauca	sian	Oct	DAY YEAR		82	YRS	MONTHS. DAYS	HOURS MIN.
of the Po		IRTHPLACE STATE OR FOR	REIGN 71		WHAT COUNTRY?	1.7	D NEVER MARRIED		BALTIMORE CITY O			
ter de	_	ISSIA ITY OR TOWN OF DEATH	н 1				DIVORCED ROTHER INSTITUTION	N 120	Montgome B. USUAL OCCUPATION WHE OF WORK FOR MOST OF	NC	126 KIND C	DF BUSINESS OR
Joseph De la Company		ockville	G HOME OR O	Shad	4 Grove +	App	atist Hos		hysician			edicial
24 h	130.		36 COUNT		13c. CITY OR TOW Rockvi	N.	136 INSIDE CITY LIMIT		STREET ADDRESS / 1235 Potor			oad-20850
量 第/	14. E	ATHER'S NAME	44.1	ODLE	LAST		15. MOTHER'S MAIDE	ENNAME	WIDDLE		(A ⁵	
P 11/1/		Marcus		Orent			Muriel		MIDDLE		Zellner	
ecut		WAS DECEASED EVER IN		RMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT				Suite DD 29	00;Wa	shingto	n,D.C.	
be ex		NO NO	(IF YES, GIVE	WAR OR DATES)	577-60-	5045	David B.	Nich	olson, Esq	uire;	5028 Wi	sc.Ave., NW
ficate property moved.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). WE JENO J. J.							BETWEEN	ONSET AND DEATH		
Cert Tree	1	1A	MMEDIATE		/						1/6	101
stend one co ian, c		Conditions, if any, v	which	((b)	R AS A CONSEQUE	200	2505					12.00
by the a by the a ase remat I, cremat other tra		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A GONSFOUENCE OF BRAIN SIND BOWE										
1 1 1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									0	
Tail: 1	ě	SACRA	/	196 CONDITION FOR WHICH OPERATION WAS PERFORMED								
200	CERTIFICATION	19a DATE OF OPERATIO	ON	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERT	S, WERE FINDIF FYING CAUSES ES	NGS USED OF DEATH?
physical political politic		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH		DE INJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)	
M Mer	MEDICAL	21d INJURY OCCURRE	D	21e. PŁACE			211 LOCATION STREET		CHI OR NO	en.	COUNTY	STATE
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	WHILE NOT WHILE AT WORK			att, ractom, orrac, i				/			
TTEND prior or TOR A for use of Heal		22a I certify that (I) (the saw the deceased abave, (I) (we) (did	alive on_	4119	19.5	4/10	nd that in (my) (our) op	pinion deat	, ta th accurred an the da	ite and ho		that (I) (we) last causes stated
the horizontal Control		22b. SIGNATUII	10	·le	~ 1	2	DEGREE		MEDICAL STAF		25. DATE	SIGNED
FUNERA FUNERA FUNERA ORTANT	1	THE PHYSICIAN'S NAM	ME IVINE ON	1.1			PHYSICIA 22e ADDRESS	IAN	IRECTOR PHYSIC	A	1. 1/6	085,2
0 0 0 0 1 3	1226	2/ Chel	10	The state of the s	AU	IAME OF C	V0246 1	LOW	23d LOCATION	Lock	Culle	11/1
BP	230	BURIAL, CHEMATION, RE (SPECIFY)	MUVAL	4/22	5555		emetery or cremate n Cemetery		CITY OR TOWN	o · Mos	COUNTY	STATE Marvil and
	24 F	Burial UNERAL DIRECTOR DA	NZANS		DRERG MEM	ORTAL	CHAPELS 250	O DATE RE			TRAR'S SIGNA	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR DA 170 MROCKVIL	le Pi	ke;Rocl	kville, M	d. 20	852	APR	2 4 1981	U	haran.	Kennad

THE REPORT OF THE PARTY OF THE

	,	FOR	DEP A		OF MARYLAND	GIENE			
	1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	8 / REG. N	0.	11	5
APR		CEASED NAME FIRST F.	lorence Ail	een KENIN	Kennelly	20. DATE OF DEATH	MONTH DA	Y YEAR 7 87	13:40m
3	3. SE)		4 RACE	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	1	UNDER I YEAR	IF UNDER 24 HRS
		FEMALE	White	Aug	3. 23, 1919	67	YRS	DAYS	HOURS MIN.
5 Q		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY C	F DEATH	
601		NY	U.S.A.	WIDOWE	*	MONT	Gom	ERY	ME
70	B	ETHESDA	11. NAME OF HOSPITAL, NU LIFNOT IN SUCH FACILITY, GIVE S SUBJEBA		PITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFET	12b. KIND OI INDUSTRY Home	F BUSINESS ÖR
33		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN EHRESOA MON	TY 13c. CITY OR 1		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE	AVE	814
50	14 FA	THER'S NAME FIRST John	MIDDLE LAST	ylor	15 MOTHER'S MAIDEN NA FIRST Georgina	MIDDLE]	Bowers	
to J		(AS DECEASED EVER IN U.S. AR	E WAR OR DARES		17. INFORMANT	ADDR			
£"		NO	156-05	-9585	Lawrence W	. Kennelly	Same as	s item	# 13
4		18 CAUSE OF DEATH (Enter on	ly one couse per line forto, (b), and (c).)	1 ~			APPROXIM BETWEEN O	NATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) LANC	MOMA	10300			6,	MOS
or other traum		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) ULL TO, OR AS A CONSE (c) (c)	coasen	uma of	olon		2/	mos
ulau).	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	N IN PART 110	100
shows only	CERTIFICATION	1% DATE OF OPERATION	19E CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	78s. AUTOPSY?		WERE FINDIN NG CAUSES (
	_	SIR VCCIDENT MAY INDESCRIBE ON DEV	TH HOUR A.M. MONTH	DAY YEAR	The HOW INJURY OCCUR	RED (LINTER WATURE OF POOL	EV AN FEBRUAR PART	1 DEPART 25	
morkedor	MEDICAL	AT WORK OCCURRED AT WORK AT WORK	ZIE PLACE OF INJURY LAT HOME, STREET, FACTORS, ORN	CETAMA EICI	TH LOCATION	el la	7-	county	STATE
Hem 21 is mo		The I certify that (II (this hopping to the deceated alive on above 11) by I (but I did no 226. SIGNATURE	417187	9 and	that in (my) (gur opinion)	death occurrent on the di	ote and hour o		
*		/ Hury (Struggsa	my_		DIRECTOR PHYSIC	TAN [4/9	1/87
IMPORTANT		HENRY C	· SERUGG		543 Ced	av La B	rethe.	sda)	nd.
12	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE 4/10/87		METERY OR CREMATORY Heaven Cem	23d LOCATION	Spring	COUNT	STATE

APR 1 4 1987 Julia Scrider Endance

FRAI DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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City and the service of the world to the service of the service of

FOR STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

11.776 CERTIFICATE OF DEATH

REGISTRAR						8	REG. NO	1111	107	1
1. DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE O	F DEATH	DAY DAY	YEAR	2b DUR
	John		C	Kere	sztesy			04 15	87	12:08AM
3. SEX	4	RACE		5. DATE C		6. AGE (IN)	YEARS LAST BIRTHE		UNDER I YEAR	HOURS MIN
Male		White		Jul	y 17 ^{DAY} 1907	79	•	YRS.		
New York	OR FOREIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D		GOMELY	COUNTYO	FDEATH	MD
Olney		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET METY GENE	ADDRESS)	or other institution	TYPE OF WOR	OCCUPATION IK FOR MOST OF V 1red		126. KIND C INDUSTRY US G	ov t.
Md .	13b. COUNT Mon	Υ	GIVE RESIDENCE BEFORE 130. CITY OR TOW S.S.		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET. 3468	ADDRESS / Z Glene	agles	Drive	20906
14 FATHER'S NAME FIRST John	Μ	IDDLE 1	Keresztes	sy	15. MOTHER'S MAIDEN NA Helen		WIDDLE		Jnknow	n m
160 WAS DECEASED EV (YES, NO OR UNKNOWN) N/A		ED FORCES? WAR OR DATES)	144 01 8		17.158mPlayer John Kereszt			N.J.		
Conditions, if a gove rise to couse (a), st	IMMEDIATE IMMEDIATE ony, which immediate oting the	DUE TO, O		ENCE OF	y Farlund est & anoxio	c Enc			2	LIMATE INTERVAL ONSEI AND DEATH 4 JAN.
PART 2. OTHER S MYBSIL 190. DATE OF OPE 210. ACCIDENT WAS	IGNIFICANT CO	ONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE TERM		SE OR CONDI	TION GIVEN	VERE FINDI	0
OR CONTRIBUTING	CAUSE OF DEAT	P. 21e. PLACE		AY YEAR 19	21t. HOW INJURY OCCUR	YES RED (ENTERN	ATURE OF INJURY			NO STATE
220.1 certify that	WORK	the ottended the 4-15-	ne deceased from 19		, 19 55 nd that in (my) (our) opinion DEGREE ATTENDING	,	ed on the date	5 19		that (I) (%) last couses stated
224 PHYSICIAN'S	NAME (TYPE OF	PPINTS LAN	1/88	u	PHYSICIAN L 220 ADDRESS LEISCHE W	DIRECTOR	PHYSICIA		Con	16)
230 BURIAL, CREMATIC	N, REMOVAL	236 DATE 4/15/			EMETERY OR CREMATORY	23d LOC	ATION New.Va		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Himes/Rinaldi 11800 New Hamps: Ave.S.S.Md.

25a. DATE REC'D. BY REGISTRAR THE REGISTRANCE PROPERTY OF THE PROPERTY OF THE

9171 1998 20 1991

requires that the

OR ATTENDING PHYSICIAN: The

attending physician

etained by the hospital HOSPITAL

BP.

STATE OF MARYLAND

1 - :	STATE REGISTRAR			DEPARTA		ICATE OF DEATH		P REG. N		17	1
	ASED NAME	George		MMN)		ry, M.D.	20	DATE OF DEATH	MONTH DA		3:05 P
3. SEX	Male		RACE Whit	e	S. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
CO	HPLACE (STATE OF			WHAT COUNTRY?	MARRIE	D NEVER MARRIED		BALTIMORE CITY O			Parino.
10 CITY	nnsylvani Ortównofde ethesda	ATH 1	NIH, T	he Clinic	al Ce	OR OTHER INSTITUTION	N 12	Montgomery o. USUAL OCCUPATI type of work for most o Research S	ON F WORKING LIFE)	126. KIND O INDUST B T	MD. F BUSINESS OR Omedical esearch
Mar	RESIDENCE (IF NUF ATE yland HER'S NAME	136 COUNT	omery	GIVE RESIDENCE BEFORE 130. CITY OR TOW Bethesda	N	13d INSIDE CITY LIM! YES \(\bar{X} \) NO \(\bar{X} \)	TS? 13	STREET ADDRESS A	ZIP CODE		817
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(YES	S DECEASED EVER . NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES)	202-34-5		Mrs. Mari	lyn S	ADDRE S. Khourv.		sam	e
P	Conditions, if any gave rise to imcouse (a), statiunderlying cous	WAS CAUSED IMMEDIATE y, which amediate ing the e lost.	BY: CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	PRIMONTT R AS A CONSEQUE PERTCAR R AS A CONSEQUE MAT.TGNA DISTRIBUTING TO C	IS, B INCE OF DITIS INCE OF NT LY	MPHOMA NOT RELATED TO THE		FAIL	URE	DA YE.	ARS
TIFICATION	a DATE OF OPERA	VION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b IF YES, VIN CERTIFYIN	G CAUSES	
EDICAL C	DR. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY MED) d. INJURY OCCUR WHILE NOT WORK AT WO	CAUSE OF DEATH	P./	M. MONTH DA	YEAR 19	216 HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IB PART		STATE
27		(this hospito sed plive on did) (XXXXI)	P. Ogn	deceosed from 1980 ofter death.	1D-	30 19 8 d that in (my) (our) api DEGREE ATTENDIN PHYSICIA	NG A	MEDICAL STAF IRECTOR PHYSIC	FIAN TO	22c. PATE S 4/26/	SIGNED 87
23a. BUR (SPE	RIAL, CREMATION, Crematio	REMOVAL		oril 23c N	AME OF CI	9000 Rock\ EMETERY OR CREMATO litan Crema	ORY	23d. LOCATION	c	OUNTY	20892 rginia

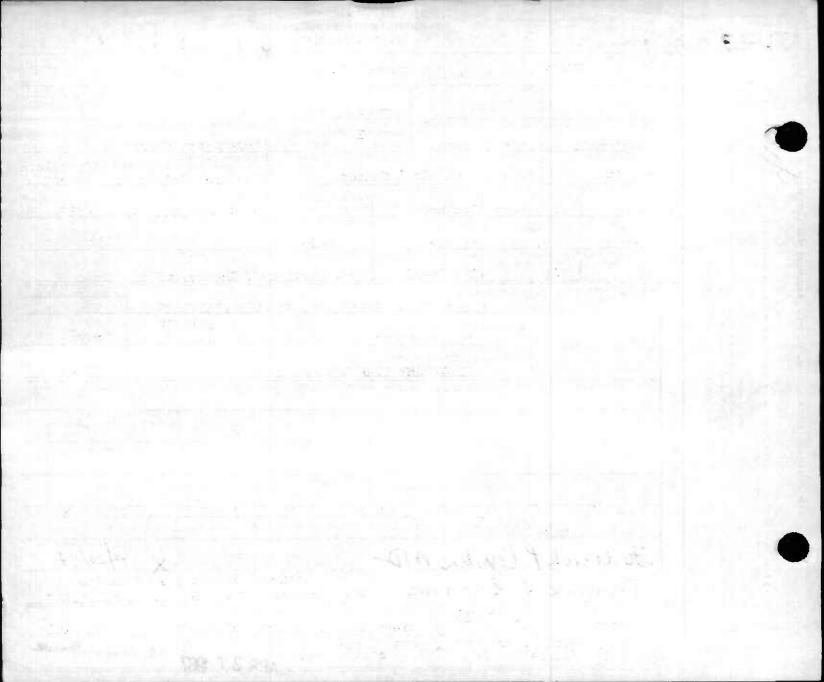
ral director, page 3 72 hours ofter death

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, an other transmissions went the manner.

Bethesda-Chevy Chase Inc. 7557 Wisconsin Ave. Bethesda, Maryland 20814

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE TO THE STATE OF THE STATE O



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or ottending physician.

STATE OF MARYLAND

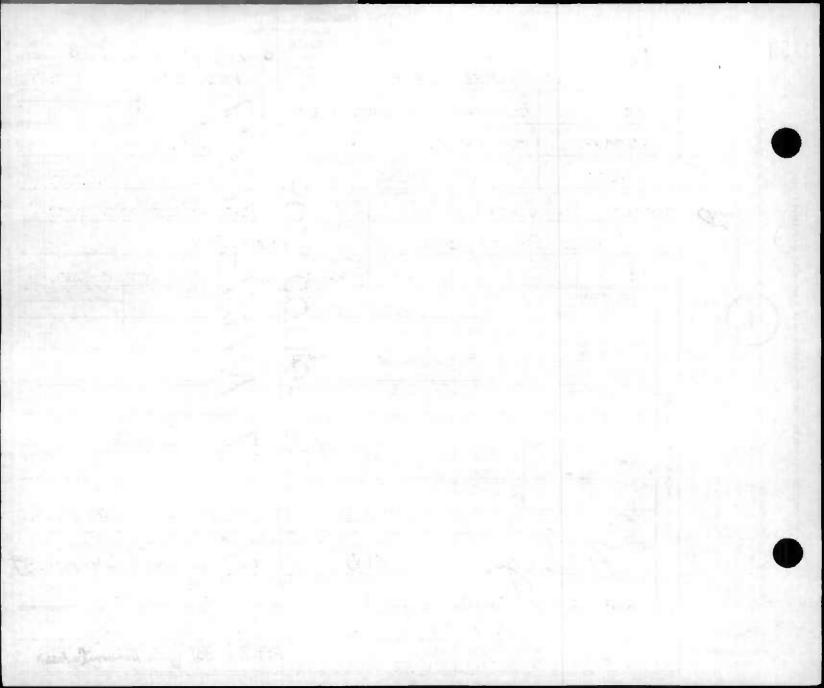
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I	ASSACHUSE	TTS	UNITED	STATES	WIDOW		MONTGOM	ERY COU	NTY
10.0	CITY OR TOWN OF D		11. NAME OF I	HOSPITAL, NURSI	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		NOUSTRY
	BETHESDA			AVAL HOS			OFFICER		U.S.N
13a.	JAL RESIDENCE (# NU STATE	13b. COUNT		13c. CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
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14. F	ATHER'S NAME	M	NODLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDIE		LAST
				KIDSTON	2		SSIE GRANT		
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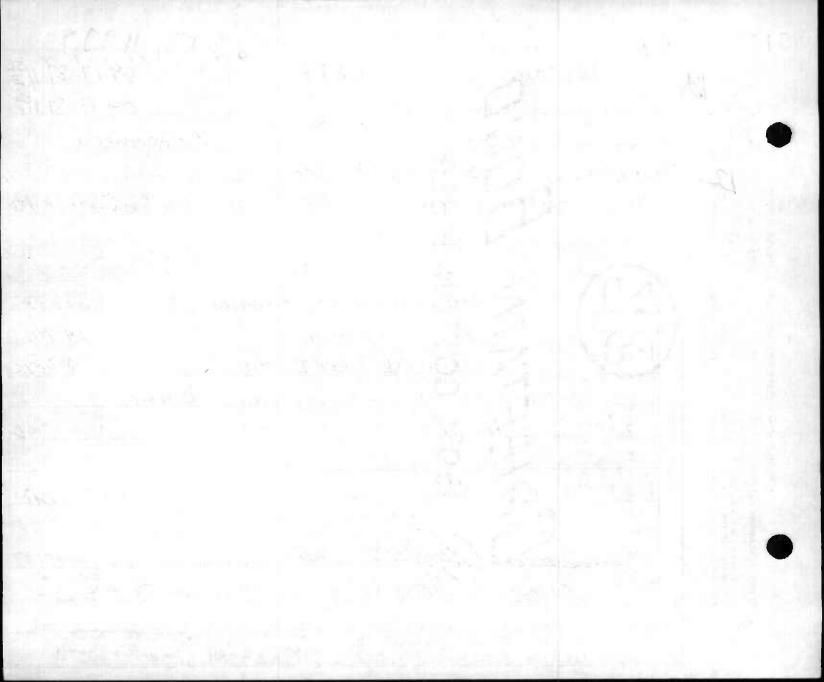
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may be

within 24 hours after death. Page



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOW DEATH MATED IF UNDER 24 HRS. DATE PRONOUNCED 3 06 MARRIED NEVER MARRIED U.S.A. Virginia III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Wesley Hgts,y Drug Clerk (Ret.) 30 STATE 13b. COUNTY 13e. STREET ADDRESS ROCKVILLES MONTGONEY 12000 MODRGETOWN 15. MOTHER'S MAIDEN NAME MIDDLE LAST Klaff Ida Kahn Simon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO 801 Mockville, Md. 2085 Ida Klaff; Wife; 12000 Old Georgetown Road, 231-09-0077 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. BORG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNKEL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DARTHWORE, MARYDAND, 21/201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH CAILURG CARDIN RUSPIRATO Conditions, if ony, which gave rise to immediate couse (a) stating the under PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CARDIOUMSEU ARTERIOSCUERATIC 20 AUTOPSY? LEPT YES [21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH CONTRIBUTING CAUSE OF DEATH 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY NOT WHILE Home GUR 1 AT WORK AT WORK 2000 1210 WN 22a I certify that I took charge of the remains described above, held any Inspection Homicide Suicide Undetermined manner TILLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Judean Memorial Gardens Olney: Montgomery: Maryland Burial TA FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS **DHMH - 17** (VR A15 ME (5)) 1170 Rockville Pike; Rockville, Md. 20852

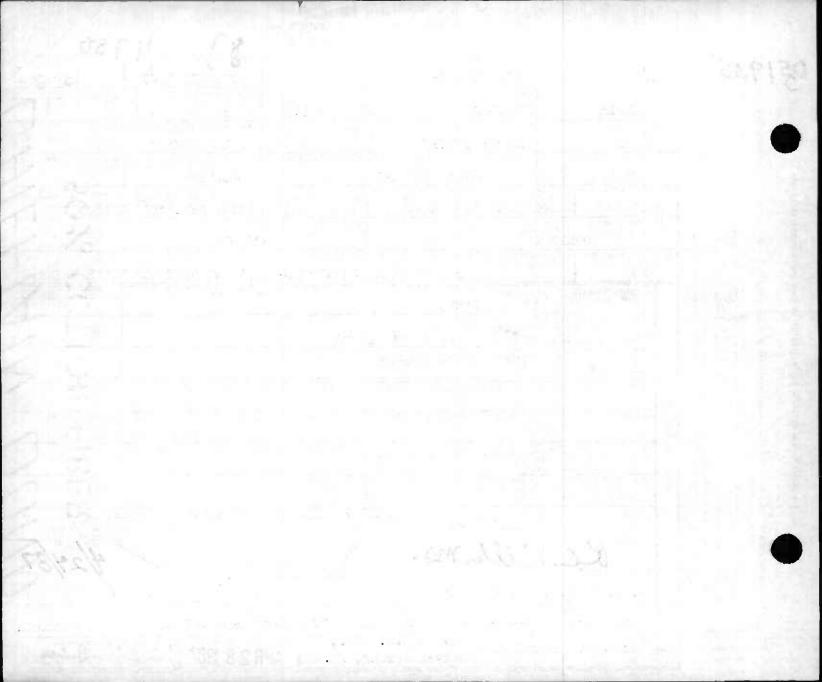


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 212	TO HOSPITAL OR ATTENDING PHYSICIAN. The fow requires that the death certificate be executed within 24 hour remained by the hospital or attending physician.
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DHMH - 16 60M (VRA 15, 4)

					E OF MARYLAND				
1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE REG. NO	11	784	
	DECEASED NAME FIRST	M	IDDLE	L	AST	20. DASE OF DEATH	MONTH, I	DAY YEAR	26 HOUR
R 10	YPE-OR, PRINT)	MISAKO	KOCH			APRIL 23	1987	17	80:26
3. 5	SEX	4. RACE	/~	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
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70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	B.	D X NEVER MARRIED	9 BALTIMORE CITY O	7110	OF DEATH	
/	JAPAN	UNITED	STATES	WIDOWE		MONTGOM	IERY		^
7	BETHESDA	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET VAL HOSP	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O HOUSEWIFE			OF BUSINESS C
130	UAL RESIDENCE (IF NURSING HOME (13b COL ARYLAND MONT		BROOKEVI	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 19148 HERI	ZIP CODE	HILLS	20833 DRIVE
Ø II.	FATHER'S NAME FIRST UNKNOW	MIDDLE	LAST		U. MOTHER'S MAIDEN NAME FIRST	NKNOWN MIDDLE	y.	LA	ST
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	NO (FFES. C	SIVE WAR OR DATES!	318-32-	6169	RONALD R.KOC	H,19148 HER	ITAGE	HILLS	DRIVE,
3	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per l SED BY: ATE CAUSE (a)		d (c).)	BROOKEVI	LLE, MD 208	33	APPRO)	ONSET AND DEAT
	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	(b)	AS A CONSEQUE	CARCI	NOMA				
CATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO	OVARTAN AS A CONSEQUE NTRIBUTING TO D	CARCI ENCE OF DEATH BUT		INAL DISEASE OR CONI	20b. IF YES	, WERE FINDI	NGS USED
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MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b)	OVARIAN AS A CONSEQUE INTRIBUTING TO D ION FOR WHICH INJURY A. MONTH DA	CARCI ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES IN CERTIF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
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STATE OF MARYLAND

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DEPARTMENT	OF	HE/	ALTH	AND	MENTAL	HYGIENE

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Į.	REGISTRAR		CERTIF	ICATE OF DEATH	OT REGIN	01118	1
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3	FEMAL+	(AU (ASII	5. DATE O	DAY YEAR	6 AGE IN YEARS LAST BIE		YEAR IP NOTE 2: 1485 DATS HOURS MIN.
1	BIRTHPLACE STATE OR FOREIGN COUNTRY) MARYLAND	75. CITIZEN OF WHAT COL	MARRIEL WIDOWE	NEVER MARRIED DINORCED	9 BALTIMORE CITY C		TH MD.
1	CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP GROSVENOR I	NURSING HOME O	PR OTHER INSTITUTION	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE) INDUS	IND OF BUSINESS OR
ľ	SUAL RESIDENCE I IF NURSING HOME OR 10. STATE 136 COUN P.G.	ITY 13c. CITY C		13d. INSIDE CITY LIMITS? YES XX NO []	1 / /	/ ZIP CODE LYWOOD RD.	20740
Ŧ	HARRY	E. BURI		15. MOTHER'S MAIDEN NA ALBERTA	MIDDLE	RUCE	ŒR.
	60. WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	01-6317	WESLEY E. KO	CHER (S	AME AS I	TEM #13)
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	D BY: TE CAUSE (o) DUE TO, OR AS A CO	NSEQUENCE OF	y antry	1 Disc 1 Disc 1 Disc 1 NA Disc 1 NAL DISEASE OR CON	sal a	WEEN ONSETAND DE ANGELE ALLE ALLE ALLE ALLE ALLE ALLE ALLE
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-	Than 3	Third	m	ATTENDING PHYSICIAN S	MEDICAL STA	FF CIAN [1/23/17
-	Thomas 6	. WARD	6116	Robins	rand, k	Bethlalo	20819
2	BURIAL, CREMATION, REMOVAL	236. DATE 4-27-1987	100000000000000000000000000000000000000	EMETERY OR CREMATORY NCOLN CEMETER	23d LOCATION CHYOR TOWN BRENTY	OOD, P.G.	C. Md.
2	4 FUNERAL DIRECTOR	11 2/01	A 40 414.		E REC'D, BY REGISTRAR		

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO.

RIVERDALE, Md.20737

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	3. SE		4 RACE		S. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNO	DER I YEAR IF UNDER
		Female	White		May		77	YRS.	
7		IRTHPLACE (STATE OR FOREIGN OUNTRY) DC	Th CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Montgome		EATH
Owned		hevy Chase		HOSPITAL, NURSIN CHFACILITY, GIVE STREET Willard A		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake:	OF WORKING LIFE) IN	KIND OF BUSINES DUSTRY Home
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	14. F/	ATHER'S NAME FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NA		AVC.	LAST
DC	14 .	Joseph	DAVED FORCESS	Witt	IDITY NO	Rachel	ADDR	FCC	Verona
medica	160 (WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (#F YES, G	RMED FORCES? VE WAR OR GATES)	579-38-6		Fred Kolker			4
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ANT: If hea		Charle	P. D	une		DEGREE ATTENDING PHYSICIAN (MEDICAL STA	FF CIAN []	2. DATE SIGNED
MPORTANT:		22d. PHYSICIAN'S NAME (TYPE CHARLES	ORPRINT))urace		3301 Neu	Mexico A	ve NW	, WASH,]
s <u>\$</u>	23a	BURIAL, CREMATION, REMOVA SPECIFY) Burial	1 23b. DATE 4/6/8			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	DC	TY STAT
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thin 24 hoursely filled in should be	Section 1845	130. S	AL RESIDENCE (IF) TATE TYPE AND THER'S NAME	136. COUN	ITY 13c. CITY C	CE BEFORE ADMISSION OR TOWN	13d. INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN	138 STREET ADDR			20853
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AM	Table 1	NO	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION GIVE	N IN PART 110	
\subseteq	19	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS	S USED DEATH?
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HYER Dans	0	MEDICAL	21d INJURY OCC		21e PLACE OF INJURY		211 LOCATION		OR 10WN	COUNTY	STATE
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e hosp DIRECT	f hem		27h SIGNATURE	2 / did not	view the body after death	1	DEGREE ATTENDING		STAFF	IR DATE Y	NED/Q-
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torned O FUN hould b	MPORTA		Allen	WOL	LAND MD			CKVILLE }	IKE RI	DCKVICL	EMD
Te s	s <u>s</u> '		URIAL, CREMATIC	ON, REMOVAL	236 DATE		CEMETERY OR CREMATO	CITY OF TOY	VN	COUNTY	STATE
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4 MAY - 610	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE REG. NO	11.784
1	CEASED NAME FIRST	MIDDE	Ε	LAST	20. DATE OF DEATH	MONTH DAY YEAR 25. HOUR
4	Leni	ce -	L	emoureux	Apri	il 27, 1987 9:05 th
3. SE	X	4_RACE		TE OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Whit		ARCH 22. 1898	89	YRS DAYS HOURS MIN,
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8			OR COUNTY OF DEATH
2	INDIANA	U.S.A.		RRIED NEVER MARRIED DIVORCED	MONTHOON	CERY GO
10. CI	ITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	MONTGOV	
Dan	TOTAL CITACIES		CILITY, GIVE STREET ADDRESS	1	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY
	EVY CHASE AL RESIDENCE (IF NURSING HON		ENMOOR DR.	IOAN.	HOMEMAKER	AT HOME
	STATE 136 C	DUNTY 13c.	CITY OR TOWN	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	
)		NTGOMERY C	HEVY CHASE			ENMOOR DR. 20805
7 14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	IAST
4	LOUIE	SH	UGHRUE	EDDA		UNKNOWN
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b	SOCIAL SECURITY N	O. 17 INFORMANT	ADDRE	ESS
/	NO		79-42-0106	JOANNE CASH	EL (SAM	E AS ITEM #13)
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	USED BY: DIATE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS	CONSEQUENCE CONSEQUENCE CONSEQUENCE	Eleil Canel	luri Licensi Y	APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH MEMOLITE 6-9 Me 9+ MR
Z	PART 2. OTHER SIGNIFICAL	ALCONDITIONS CONT	KIBUTING TO DE ATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a
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	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M.	MONTH DAY Y	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN SIEM 18 PART I OR PART ?)
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5 - 7	220.1 certify that (1) (this h saw the deceased alive abave, (1) (we) (did) (did	11/17/	1987	, and that in (my) (aur) apinion	death accurred on the de	ote and hour and from the causes stated
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_	22b. SIGNATURE	clanegh	el	ATTENDING	MEDICAL STAIL DIRECTOR PHYSIC	

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DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION 23b. DATE 4-28-1987 23¢ NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY

23d LOCATION RIVERDALE

COUNTY

24 FUNERAL DIRECTOR

W. W. CHAMBERS CO. INC.

SILVER SPRING, Md.

RY RIVERDALE P.G.C. Ma.
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNY DURE

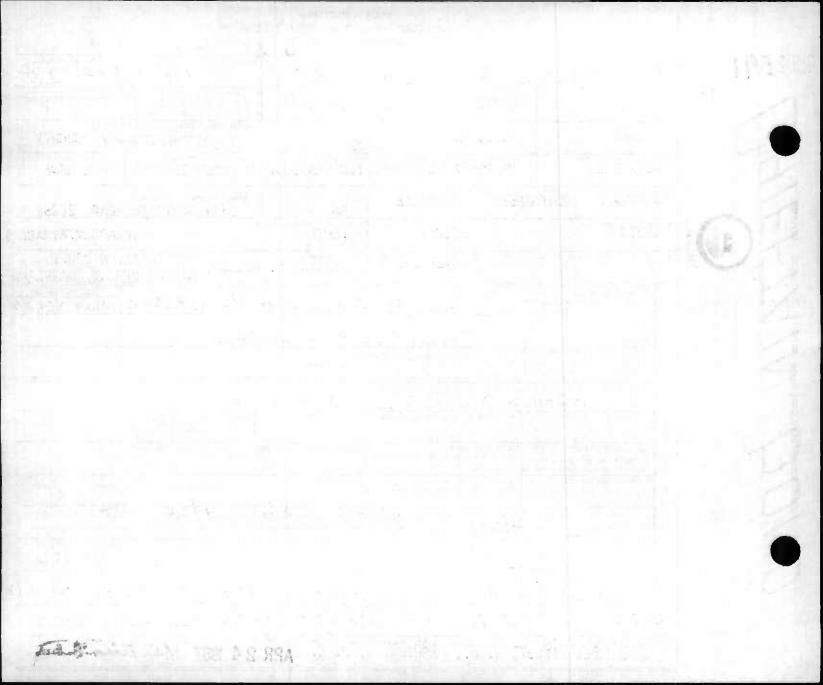
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59		CEASED NAME FIRST NO PRINT)	ES.	LAN	DER	20 DATE OF DEATH MONT	20/87 26	2P.M			
ofter po	3. SE)	EMALE	A RACE WHITE	5. DATE C	15 1903	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	UNDER 24 HRS DURS MIN.			
ment for many for the many fore		Color Color Color Color	U. S. A.	WIDOWE	D NEVER MARRIED D	MONTGOMERY COUNTY MD					
1190		ROCKVILLE	11. NAME OF HOSPITAL, NURSING (HEBREWACHOMESTRO)	FORE	TER WASHINGTO	120 USUAL OCCUPATION NYPEOHOUSEWIFE PRI	KING LIFE) 126. KIND OF BU	ISINESS OR DME			
of 24 hours		MARYLAND INCOPPE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13ROCKOPPM	ADMISSION)	YESXX NO	13e.STREET ADDRESS / ZIP 6121 MONTR		0852			
	21		SILVER		15. MOTHER'S MAIDEN NAM TEMIERST	WIDDIE	(UNASCERTA	AINABLE)			
1 17	160	DECEASED EVER IN U.S. ARM NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR 015-12-2	185	STANLEY H.	MILLER, ASUS SC SILVE	HARLTON COUP R SPRING, MA	RT ARYLAND			
enthicate physici boopsper removal revent, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		AL	FAILURE	PROGRESS	APPROXIMATE BETWEEN ONSET MANY	YEARS			
that the death of the attending our temper coth of cremation, are cother traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
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attenbij spitol or CTOR: A for use of Healt		22a I certify that (I) (this hospite sow the deceased alive on abave, (I) (we) (did) (did pat	4/20/ 108	72/0	d that in (my) (our) opinion d	eoth occurred on the date an	*	(I) (we) last ses stated			
Y the hor y the hor sal DIRECTOR of detoched on the Dept.		22b. SIGNATURE	Barl.	M	PHYSICIAN _	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGN	87			
TO HOSPITAL To FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OR	ATEL		012.	TROSE RD,	ROCKVILL	/			
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STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician.

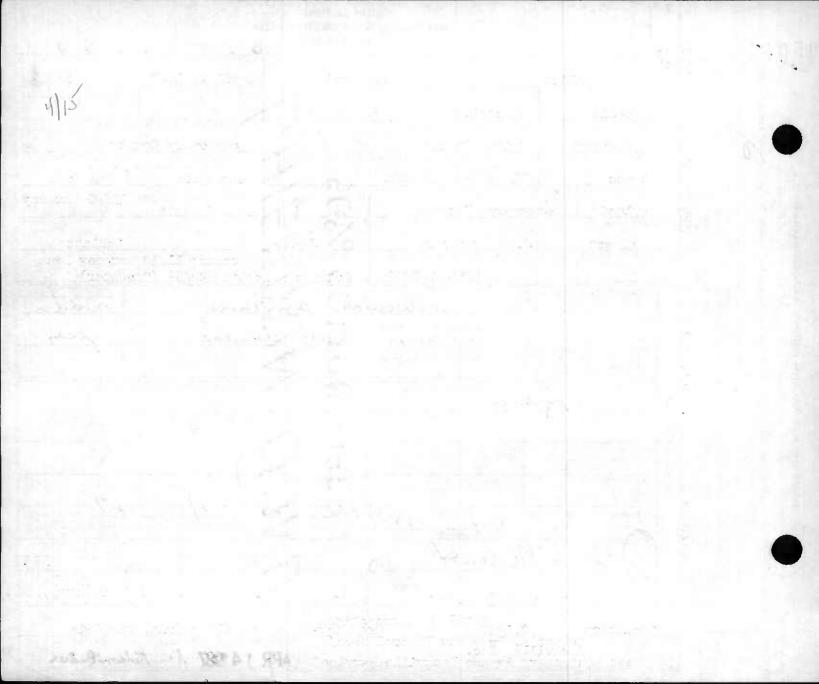
STATE OF MARYLAND	STATE	OF A	MARY	LAND
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1	FOR		DEPART	MENT OF I	HEALTH AND MENTAL HYG	IENE			
, L	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	8 / REG. N	di	1 8	6
	DECEASED NAME FIRST		WIDDIE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
- -	PE OR PRINT) Alic			Lar	ndgraf	April 7,	1087		3:00a M
rt 3. S		4 RACE		5. DATE (6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
×		2 11		MONT			MO	NIHS DAYS	HOURS MIN.
1. 1. 70	Female BIRTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	Jul	y 21,1910	76 9. BALTIMORE CITY	YRS.	FDEATH	
37	COUNTRY)				D NEVER MARRIED				
\$ 2/14_	Missouri	United	States	WIDOWI		Montgome			M
M 12 10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPA		126 KIND OF	BUSINESS OF
	Potomac	11906	Harmony 1	Lane		Homemaker		Own H	lome
USI 13n	UAL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	12. STREET ADDRESS	/ 7ID CODE	11006	T
5h		ntgomery	Potomac	114	YES X NO T	Lane / 20	25/4	11300	Harmony
	FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	0.74		
4 (a)	FIRST	MIDDLE	Consendan		FIRST A 1 d o o	MIDDLE		Call Tat	
0 160	Albert WAS DECEASED EVER IN U.S	J.	Guerdan	IDITY NO	Alice	ADDI	255000	Sch1et	
ž / T		S. GIVE WAR OR DATES)				Marcotte			Lane
E/ O	No		1072-07-7	086	Potomac, Ma	ryland 208	54 (Dau	ghter)	
÷ 7	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er anly one cause pe	er line for (a), (b), an	dici.i .	0	1 -		BETWEEN OF	NATE INTERVAL NSET AND DEATH
la la		DIATE CAUSE (a)	Very	ucu	las aris	lenuce		nuc	ddin
offic		DUE TO C	OR AS ATCOMSEQUI	ENCE OF	1 , 0	, ,			
E w	Canditians, if any, which		schen	u	heart d	erear		ye	ely
£ 3	gove rise to immediate cause (a), stating the) "						0	
othe othe	underlying cause last		DR AS A CONSEQUE	ENCE OF				17.00	
L G	DART 2 OTHER SIGNIFICA	(c)	ONTRIGUENC TO	DE ATH BUT	NOT RELATED TO THE TERM	INIAL DISEASE OR COL	IDITION CIVEN	IN DADT 1	
E L		mena	OIVINIOUNI OI	DEATH BUT	NOT RELATED TO THE TERM	IIVAL DISEASE OR COI	IDITION GIVEN	IN PART TIO	
DE L	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20h IFYES V	VERE FINDING	GS LISED
실임	THE DATE OF OTERATION	176. CONE	JII OI VII OK WII (CI)	OFERATIO	NAS PERI ORMED		IN CERTIFYIN	NG CAUSES C	OF DEATH?
					Tel manual and	YES NO	YES		NO 🗌
- A	OR CONTROLLENIC CALLED			AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM IS PART	1 OR PART 2)	
M TO IS	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19					
d by WEDICAL	21d. INJURY OCCURRED		OF INJURY	ADM STC 1	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
N N	AT WORK NOT WHILE	(AT NOME 3)	THEET, PACTORY, OFFICE, P	ARM, EIC)	/	. 1		0	
S S	22a.1 certify that (I) (this h	ospital) attended t	he deceased from_	7	19 8) to 4/	19	8/ 11	nat (I) (we) last
e a	the deceased alive	on3/	19_	87 1	nd that in (my) (aur) apinion (death occurred on the	late and haur o	nd from the cr	ouses stated
E -	theover (I) (we) (did) (di	d nat) view the body	y 6tter death.	/	DEGREE			22c DATE S	
- H	De H	N1.0			ATTENDING _	MEDICAL STA	FF	Apri	1 0
2	794000	The	ung	W	PHYSICIAN X	DIRECTOR PHYSI	CIAN	1	8198
4/	THE PHYSICIAN'S NAME (T				22e ADDRESS			20	0879
2/	John R.	Melnick	. M.D.		911 N. Rus	sell Ave	. Gait	nersbu	arg, M
230	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
	Cremation	8.198	April 1	Metral	politan rematory	Alexan	dria, V	iraini	STATE
24		rt A. Pun	mphrev Fun	neral	Home/ 1250 DAT	E REC'D. BY REGISTRA			
7/84	FUNERAL DIRECTOR Robe NAME Rock 00 West Montgo	ville, Ir	1C. ADDRESS		ADE	4 4 4007			
4) 3	UU West Montgo	mery Aver	ue Rockvi	llle.N	Maryland AP	14196	1.2. Dear	don . Kan	dall

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. e fundral director, page 3

						UTMAKILAND					
11	FOR			DEPARTA	AENT OF H	EALTH AND MENTAL	LHYGIENE				
1 '	REGISTRAR				CERTIF	ICATE OF DEATH	Q	REG. N	1 1	7 2	7
LOE	CEASED NAME	FIRST		MIDDLE		AST	120	DATE OF DEATH	MONTH.	OAY YEAR	26 HOUR
	and the same of th			Mode	1	0 11/	20.	A AA I	MONTH	10 100-	28 HOUR
	JF	RAH		Μ.	41	4106-		4-11616	/	0,1987	80.00
3. SE	X _	- 4	RACE	1/1	5. DATE C	OF BIRTH	6. A	GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	010001	6			MONTH					MONTHS DATS	HOURS MIN.
1	-tmm		Caucasi		June	8, 1913	7		YRS.		
	RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNT	Y OF DEATH	
			USA		WIDOWE			Manten	m 42	. /	
	rginia ITÝ OR TOWN OF DE	ATH 1		HOSPITAL NUIDSIN		OR OTHER INSTITUTION		USUAL OCCUPAT		7 IZE KIND O	F BUSINESS OR
10 0	III OK TOWN OF BE	^'''		CH FACILITY, GIVE STREET		/ CITIER INSTITUTION	(TY	PE OF WORK FOR MOST O	F WORKING LI	FEL INDUSTRY	cht Co.
Si	lver Spri	1a	4014	CROSS	5 14	-OSPITAL	_ C	ommission	red.So	iles He	echt Co.
USU	AL RESIDENCE (IF NUE	SING HOME OR C									
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	ryland	Montgo	omery	Silver S	prung			2033 FWW	iece i	nicoe	20900
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14a W	VAS DECEASED EVE			166 SOCIAL SECU	PITYNO	17 INFORMANT			223		
	YES, NO OR UNKNOWN)		WAR OR DATES	11		17 INFORMAINT	Nie	ce	4314	Briggs	Chaney
No				577-18-6	170	Jean Dela	hantu	Belts	ville	Md. 2	0705
	IS CAUSE OF DEA	TH (Enter poly	anne coure ne	line for total (b) and	die						MATE INTERVAL
	PART I. DEATH V	VAS CAUSED	BY:		N						
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	PART 2. OTHER SIG		(c) 0	ONTRIBUTING TO	hic f	NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION GI	VEN IN PART THE	0
O	Planner	Max	trus	Min P.	1 and	mane ! !	D13-	ense			
CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO			Ou AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
F						0		_ \	IN CERTI	FYING CAUSES	OF DEATH?
RTI								ES NO NO		ES 🗍	NO 🗌
G	21g. ACCIDENT WAS UN		21b. TIME C		V VEAD	21c. HOW INJURY OF	CCURRED	ENTER NATURE OF INJU	RY IN ITEM IB	PART 1 OR PART 2)	
AL	OR CONTRIBUTING		"								
MEDICAL	21d. INJURY OCCUP		_	M. OF INJURY	19	211. LOCATION					
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-	WHILE NOTW	ORK						,			
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	sow the decea		4/8/	8 Z		ahaa in /mu/ /num	viouno donat	h o see weed on the d	_4		
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	226. SIGNATURE		5	. 0		DEGREE				22c. DATE	SIGNED
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	22d. PHYSICIAN'S N	AME ITYPE OR	PRINT)			27. ADDRESS Yel	N512	Av. Who	raton	, m 20	0962
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00		/ Y '		1	11.15.05.						
	BURIAL, CREMATION	REMOVAL	236. DATE	230	AME OF C	EMETERY OR CREMAT	ORY 2	23d LOCATION		COUNTY	STATE
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24. FU	JNERAL DIRECTOR	Franci	1 7 C	PPins Ti	4	25	O. DATE-RE	C'D. BY REGISTRAR		TRAR'S SIGNAT	
						.,,	APR	1 5 1987			
1 50	10 Univers	itu Bl	vd. W.	Silver:	Spring	a. Md.		- 0 1001	Julia	Davidson?	Kandaga

DHMH - 16 60M 7/84

(VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please remove ca with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o



4/2/

	STA	TE	OF	M	AR	YL	AND	
 	 40.12					-		

			FOR			DEPARTMEN	IT OF HEALTH	AND MENT	AL HYGIENE				
			STATE REGISTRAR		ME	DICAL EXA	AMINER'S	ERTIFICATI	E OF DEAT	TH RHG	NOI /	9 9	
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>	N ST E		Male	White	06 22		ST BIRTHDAY) MONT	HS DAYS HOUR	S MIN P	RONOUNCED DEAD	641	8 .87	1/31
CAP	A N		RTHPLACE (76. CITIZEN OF W		18	IED X NEVER M		BALTIMORE CIT	Y OR COUNTY	OF DEATH	1. AN
5	新克兰科	FO	Cuba		United	States	MARR		ORCED	Montgome:	ry Coun	ty	
	ENSE -	ID. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING	G HOME, OR OTH		12a USU	L OCCUPATION	TYPE OF WORK 12	% KIND OF BL	
1	ESEN O	E	ethes	la	Suburban	Hospita	1. Rethe	eda MD		ccount	1	NUCTES	RY Strite
2	N SON	ŪSŪĀ	L RESIDENCE	(IF IN NURSING HO	ME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFOR	E ADMISSION)					:20852	I VICE
120	8558	13a S		13b CO		13c CITY OR T		13d. INSIDE CITY LIMIT		1 Rockvi			
D. 2	No. 2	14 FA	Mary THER'S NAM		ntgomery	Rockvi	Lle	15. MOTHER'S M		I ROCKVI.	TTE PIK	S 11717	
E. M	15 勝美 /		FIRST		MIDDLE	Lani	•	FIRST	-	WIDDLE	Mat	Availat	-1-
OR	京东京 十	16a. V	Jose (AS DECEAS)	ED EVER IN U.S.	ARMED FORCES?		ECURITY NO.	Carmen 17. INFORMANT		ively 15			
LTIN	E285 /	{Y	NO, OR UNKN	OWN) (IF YES, C	GIVE WAR OR DATES)	265743		T	Maria L	and 2070	/12 Dors	set Koa	10
A X	9585			DE DEATH (Enter	anly ane cause per line	- In- (-) (h)	(-))	Laurel	, Maryl	and 2070	/ (Daugi	APPROXIMAT	TE INTERVAL
TS 3	E G S S		PARTID	EATH WAS CAU	ISED BY:	MV. a	(C).)	. An	REST			BETWEEN ONSE	UTG
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V. P.	NA PARK			rise to immedi a) stating the und		AS A CONSEQU	30001701	10 SITTE	>10V F-30 L	WAR DI	SENSE	1100	01
100	Z Z Z Z		lying co			CAS A CONSEG	DEIVEE OF						
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0 7		Z			X	ABETE		366174					
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OF VI	N H N H N H N H N H N H N H N H N H N H	ERT	210 EXTERN	AL CAUSEWAS	216. TIME O		21c H	OW INJURY OCCL	JRRED (ENTER NA	TURE OF INJURY IN ITEM	A 18 PART I OR PART		110
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2	STA STA					1110			1				1.19
97	CERTIFICAT ULID BE FOR DIRECTOR: (, WITH THE MARYLAND				arge of the removis de	bed abave, he			ection .	Inquiry .	and in my apin	iian	
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à	W. F. C.		ACTUAE	X	101	116111	1///	TITLE (SPECIFY	7		DATE	4/18	187
3	SHOULD SHOULD EATH, WI FATH, WI ORE, MAR		SIGNATURE	- A	0	- Jec	CO N	.D. Digg	MEDIC	AL EXAMINER	SIGNED	300	15
6	NA NA NA		EXAMINER'S	NAME /	PARCIS C	Min	460	ADDOES 8200	o Wiscan	15 cal Am	BATTYE	350 A	med
9	EXECUTE THE CIPAGE A SHOULD TO FUNERALD AFFER DEATH, BALTMORE, M.	23 o BI		ATION, REMOVA	LIZZE DATE	73c NAME	OF CEMETERY C	ADDRESSE	123d LOC		101/10	-07	
07/84		(5	urial		20. 1987			s Cemete	CITYO	omac/Mon	COUNT	/ Marul	land
25M	BP			CTOR Rober			eral Hom	e/ 25a. D.	ATE REC'D. BY	REGISTRAR 256. R	EGISTRAR'S SIG	SNATURE A	Lanu
()	DHMH - 17 /R AI5 ME (5))	75	57 Wie	Consin	rt A. Pumph esda-Chevy venue Beth	Chase Mar	Inc.	0814 AP	R 22 19	187 juli	the state has	6	
			, 1120		ULLUC DCCII	o une g anti.		I 6					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician

BP

and campletely filled in by the funeral director mager ages 1 and 2 should be filed within 72 hours after

executed within 24 hours after death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

	FOR STATE DEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 7 1 1	789
		A. Lantzas	4 2	28 87 6 A M
	3 SEX Female 4 RACE Whi	S. DATE OF BIRTH MONTH DAY YEAR WHAT COUNTRY?	10.7102	IF UNDER LYEAR IF UNDER 24 HRS
7	New Hampshire 76 CITIZEN OF V	MARRIED NEVER MARRIED WIDOWED DIVORCED	- manufaction	ry MD.
	Rockville 4501 BE	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHEY GIVE STREET ACCRESS) 21—Pre Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IF HOMEMAKET	(126 KIND OF BUSINESS OR INDUSTRY Own home
	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 138. STATE 138. COUNTY MONGOMETY	13 CITY OR TOWN 13d INSIDE CITY LIMIT YES X NO	4501 Bel 11	e R22085
)	Thomas A	rgiropoulos Is Mother's MAIDEN		Apostolakos
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO NY ANOWN) (IF YES, GIVEN AR DATES)	166 SOCIAL SECURITY NO 17 INFORMANT Thomas G.	ADDRESS Lantzas-husband- (s	same as 13e)
	Conditions, if any, which gave rise to immediate	RAS A CONSEQUENCE OF	r with metastases	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9 mg
)	NO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	20α AUTOPSY? 206 IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED AND WHILE NOTIFY MEDICAL EXAMINER 21d. PLACE (AT HOME. STR	M. MONTH DAY YEAR M. 19	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 P	
,	22e. I certify that (1) (this haspital) attended the saw the deceased always above (1) (we) (did / sid not) slew the body 12. HIGHALINE	4124 19 87 and that in my (our) opi		19_\$7_ thoir (we) lost or and from the causes stated 22c DATI SIGNED 4/28/87 Wheaton ind
	230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIETY) Burial 4-30-19	231 NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION CITY OF TOWN Petery Silver Spring	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

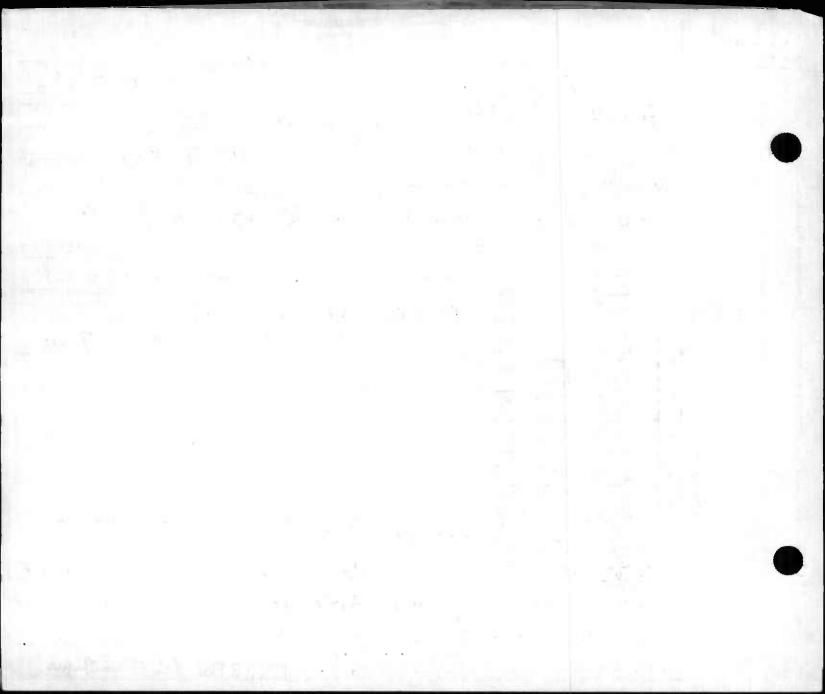
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill should be detached far use as the buriol-transit permit. Then please remove cacharipapers. Pages 1 and 2 should the State Dept. at Health and Mental Hygiene prior to burial, cremation, or "Emoval."

IMPORTANT: If hem 21 is marked or frem 18 situation injury, or ather traumatic exercit mentalical examiner.

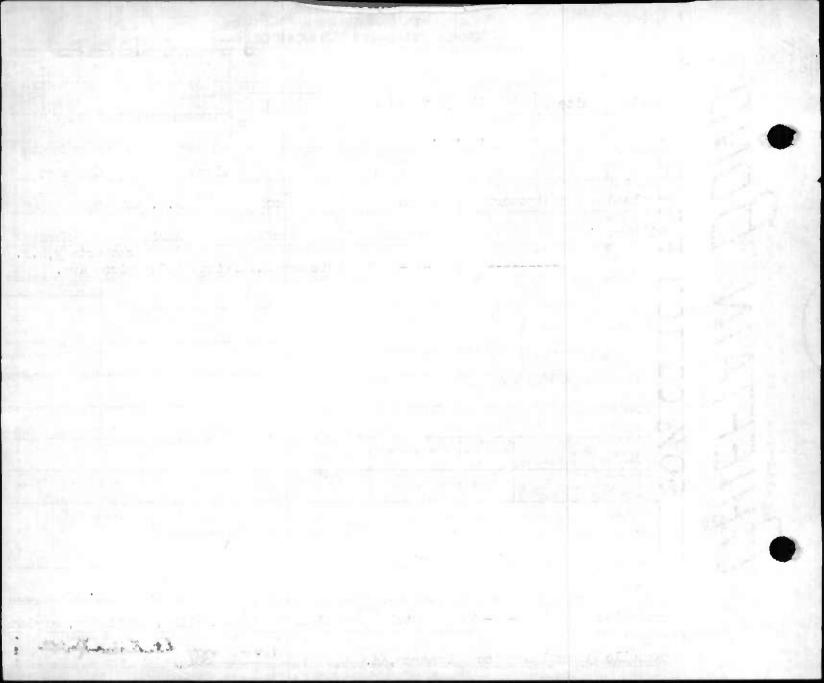
24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

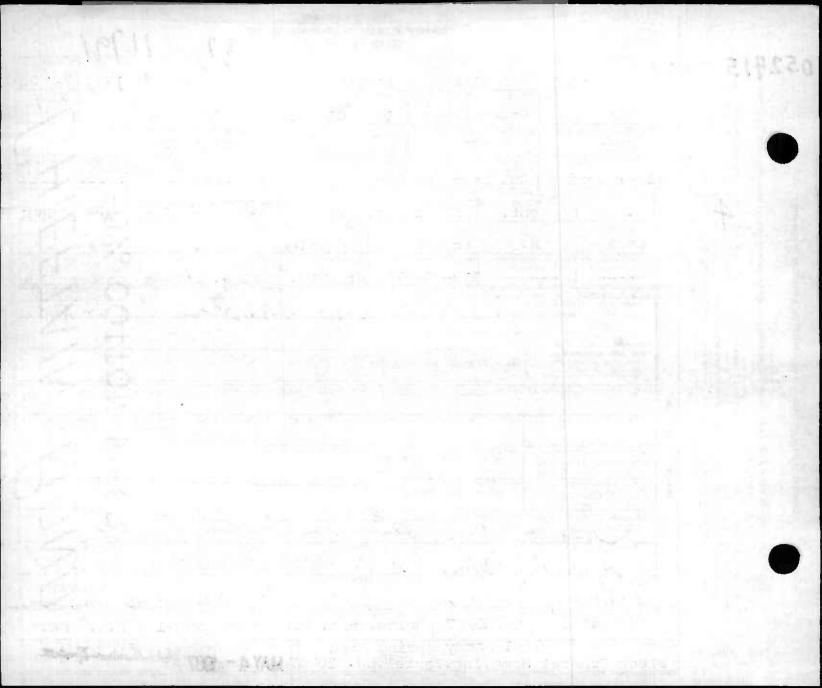
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			FOR 546			G-be	, by	DEPAR	TMENT O	ATE OF	MARYLAN H AND M	ND ENTAL H	YGIEN	F				
11		1-	STATE 5/2 REGISTRAR	1/8/,	GbJ.		ME	DICA	LEXAMI						REG. N	10.8	3 3 /	
0	R 2- VIN		CEASED NAM	١E	FIRST			MIDDLE			LAST			26. DATE	KNOWN -	HINOM	DAY YEAR	2b HOUR
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	E FUNERAL DIRECTOR. E FIGH YOUR FILES. E WHITIN 72 HOURS IN WESTON STREET.	3. SE:	x emale	4 RACE			OF BIRTH	YEAR 19	LAST BIRT	HDAY) LIGHT	NDER I YR.			2c. DATE PRONOUN DEAD	ICED	MONTH	DAY YEAR	24 HOUR 6:15
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	Z ARREST	FS	NEW YOL	ck			U. S	5. A	•	WIDO	NED NE	DIVORC	ED 🗆	Mont	gomer	- cy Col	unty	MD
	>ESES!		ity or town			(IF NO	T IN SUCH FA	CILITY, GIV	URSING HOEST ADDREST ILLE	\$}	her institu	MOITI	FOR N	al occur ost of work Clerk	PATION (TY	PE OF WORK	OR INDUS	TRY
130	DELA NELIAIN PARTICION PROPERTIES ORDS	USU. 130. S	Brookvi AL RESIDENCE STATE Bryland	(IF IN NUR	SING HOME OR 136 COUNT	OTHER INS	TITUTION, GE	13c. CI	CE BEFORE ADMI	SSION)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRE	SS D	Box	208	
K. Mo	PRIE Z	14 F	ATHER'S NAM	E		WIDDLE			LAPoin	t o		ER'S MAIDE FIRST		м	IDDLE		LAST	
1 8	S S S S S	16a \	WAS DECEASE	D EVER I	IN U.S. ARM	ED FORG	ES?		OCIAL SECUE		17. INFOR		d.		Marie		He:	
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OF VITAL RECORDS, 201	A STANKE		PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	NITHERATIN	(C)	BUT NOT BE	ELATEO TO THE T	DMINAL OISTA	OLTIONO SOL	N CAUCH IN DAY	NY 1					
COR	HOULD BE EXE ORD "PENDING: CHIEF MEDICAL USED AS A BU OF HEALTH AN JRIAL, CREMAT	NO					O TO BERTH	BOT HOT KE	LEATED TO THE TE	ASCID JANIMA	SE OK COMULITO	N GIFEN IN PAI	KI I (g.),					
1 2	SED A	CERTIFICATION	19a. DATE O	F OPERA	TION	19	. CONDIT	ION FO	R WHICH OP	ERATION V	VAS PERFOR	MED?					20 AUTOPSY	?
VIT	SHO SHO	RTIF	71a EXTERN	AL CALLS	E WAS	201	This or	th (m : m :		Terr								NO 🗌
ON	STANE TO THE VIEW OF THE VIEW		UNDERLYING	s XDo	Rrimary	, Н		MONT	H DAY YE	AR	Ow INJURY Subject					B PART I OR PA	ART 2)	
DIVISION	SHC EPAR PRIO	MEDICAL	21d INJURY	-		21	P.M e. PLACE C		RY (AT HOME,	21f. LC	CATION	inges	ted an	пстру	THIE			
Š	E. WRITING THE WORD "FEN RWARDED TO THE CHIEF ME FACES ASHOULD BE USED A STATE DEPARTMENT OF HEAD 7, 21201 PRIOR TO BURIAL, CR	¥	WHILE AT WORK	NOT V	WHILE CO		home	ORY, FARM	, ETC.)		ol Broo	kville	Road,	Brook			Maryl	and
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABBATTINORE, MARYLAND, 21						moins des		bave, held on			Inspection		Inquiry		nd in my of	pinian	
	AMI RTIFI D BE RECT		death result	red from	Noturo	l causes	L.J.	Acciden	t L.J.	Suicide X			Undete	rmined mo	nner			
	THE POST OF THE PO		ACTUAL SIGNATURE		11	6	of	_		Α.	,	PECIFY) Sistan	+ MEDI	CALEVAM	INIED	DATE	FD 4-25	-87
	DEA SH	/	EXAMINER'S	NAME	- Co	7/												
	XECU A FIER		TYPE OR PRI	NT)			M. 2		. M.D.		ADDRESS_				Balt	0., M	D 21201	
07/84	BP 589	230.B	urial, crema	TION, RE	MOVAL 231	DATE 4-3	30-87		NAME OF C				Cat	CATION R TOWN	lle.	Balti	lmore, Ma	TATE rvland
25M	DHMH - 17	24 F	UNERAL DIREC	TOR			ADDRESS					25a. DATE R	REC'D. BY	REGISTRA	R 251 REG	ISTRAR'S S	SIGNATURE	T.J. ICITIC
	(VR A15 ME (5))	M	arzulle	o Fur	neral	Serv		IIn	nerco	ма		RAA	V5-	7087	The sta	-Duride	mar alonged	1



	1.	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY HICATE OF DEATH	GIENE & 7 REG. N	10.	1791	
2415 111-		GEASED NAME FIRS		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2) HOUR
de de de		Car		Alan		rson	Apr		-	JOS PM
4 mc	3. SE		4. RACE		MONT		6 AGE (IN YEARS LAST BI	RTHDAY)	WONTHS DAYS	HOOKS NA
oge irect	2 0	Male		casian	12	01 60	26	YRS.		
deoth. P		RTHPLACE (STATE OR FOREIGN		OF WHAT COUNTRY!	MARRIE			_	OF DEATH	MD.
by the filed with	Si	ity or town of death .lver Sprin	g 305	Cavalier	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST			BUSINESS OR
24 hou	13a. 3	AL RESIDENCE (IF NURSING HO STATE 13b. (Mont.	13c. CITY OR TOV	/N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 305 Cava		Court	20901
omple of the control	14. FA	Carl	MIDDLE	Larson		15. MOTHER'S MAIDEN N FIRST Wilma			Jones	
be execution and construction and constr		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES, GIVE WAR OR DA	(TES)		Mr.&Mrs. (Carl W. La		same	as 13e
attending process that the death certificate be executed within 24 has attending physician and complementation in the process that the ottending physician and complementation in the please remove corban papers. Bages Land has a word attending to the corban papers. Bages Land has a word attending the please price to buriol, cremotion, or removal.	ATION	Conditions, if ony, white gove rise to immedio cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICATION.	the lee are DUE 1	TO, OR AS A CONSEOU TO, OR AS A CONSEOU CONTRIBUTING TO ONDITION FOR WHICH	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON		EN IN PART TO	Land .
The to	CERTIFICATION	21g. ACCIDENT WAS UNDERLYIN		IME OF INJURY			YES NO	IN CERTIF	YING CAUSES	NO [
risicus certico certic	MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	OF DEATH HOL	JR A.M. MONTH D P.M. LACE OF INJURY	AY YEAR 19	211 LOCATION	THE TENTER NATURE OF INJ	JRT IN TIEM IS P	ARTTORPARTZ)	
When the control of t	ME	WHILE NOT WHILE AT WORK	OH TA)	ME, STREET, FACTORY, OFFICE,	FARM, ETC 1	STREET	CITY OR TO	OWN	COUNTY	STATE
ATTEND Property of Theorem of the custon of		220.1 certify that (I) (this saw the deceased objective (I) well (did)(did)	woon H-	- // 19		nd that in my opinio	to death occurred on the c	late and hav		
HOSPITAL OF THE FUNERAL DI UNIT DE MAINT HE MAIN	- 2	THE PHYSICIAN S NAME (TYPE OR PRIMYS	May	h.	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA	CIAN []	4-3	0-87
0 0 0 0 0 0 0 0	23o E	SURIAL CREMATION REACH		14mon/17	J NAME OF C	2401 CEMETERY OR CREMATORY	BLUERINGE 1234 LOCATION	AVI	= m	1910W,
BP		SURIAL CREMATION, REMO SPECIF Cremation	A STATE OF THE STA	/30/87 B	alto.	Wash. Crem	atory" Lau:		P.G.	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director leck Funer		Sandy Sp. e, Inc. Lau			AY4- 1987	To REGIST		male .



7 0 APR 2		FOR STATE TREGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1792							
- m.e /	1. DECEASED NAME FIRST (TYPE OR PRINT).			MIDDLE LAST				20. DAN OF DEATH	MONTH DA	YEAR	26 HOUR
page 3	Ike					Lawson		April 18,			5:17 atm
	3. SE	X		4. RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
urs off	Male			Caucasian		July 1,1904		82			
nerol direct	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia			United States		MARRIED NEVER MARRIED WIDOWED MORCED		Montgomery County MD.			
y the fu	Bethesda		ATH	(1E NOT IN SU	HOSPITAL, NURSIN ICH FACHITY GIVE STRFET Urban Host	oital		12a. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Clerk	NC	126 KIND C INDUSTRY	F BUSINESS OR Furniture ore
filled in bould be fi	130. 3	. STATE INT. COU		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOV NTY Stanley		E ADMISSION) VN 13d. INSIDE CITY LIMITS? YES NO 🛣		13e.STREET ADDRESS / ZIP CODE 24168		Henry Street	
dr 2 sh	Jacob			WIDDLE	Lawson	ı	15 MOTHER'S MAIDEN NA FIRST Alminta	ME MIDDLE		Townley	
(11)3		NAS DECEASED EVER		RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (227–07–8840			17. INFORMANT Clyd	rde Lawson (Son) Bassett, Virginia			
M		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Heart Aculum								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4/9/87	
mending ion, or re oumcite		Conditions, if any, which (b) Level muo cordial infarction						,	419187		
physician. rificate has been signed by the colstronsit permit. Then please remained Hygiene prior to buriol, cremotim 18 shakes any injury, or other tre	7	gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions (c) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	CERTIFICATION	190 DATE OF OPERATION		19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH? NO	
		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAR	T OR PART 2)	
er this ce the buring and Merical Action (1846) and Merical Action (1846) and Merical Action (1846) and (1846)	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	E OF INJURY TREET, FACTORY, OFFICE, 1		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TOR: Aft for use of of Health 21 is mar		220. I certify that (1) (this hospital) attended the deceased from 4/9, 1987, to 4/18, 1987, that (1) (we) lost saw the deceased alive on 1987, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above. The weight (and) (did not winw the body after death.									
AL DIREC detoched ote Dept.		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								22c. DATE	SIGNED
O FUNER hauld be of with the Str		Jerone S. Putnam 1145 19th St. # 802								WASH., D.C.	
BP 99		BURIAL, CREMATION (SPECIFY) Buria		236 DATEA 20,	pril 23c Ro		cemetery or crematory n Memorial Pa	23d LOCATION CITY OR TOWN rk Martinsv:	ille/He	enry/V	irginia
HMH - 16 60M 7/84		UNERAL DIRECTOR	Been	A. Pu			Home/	PR 22 1987	Julia Julia	Devider	TURE

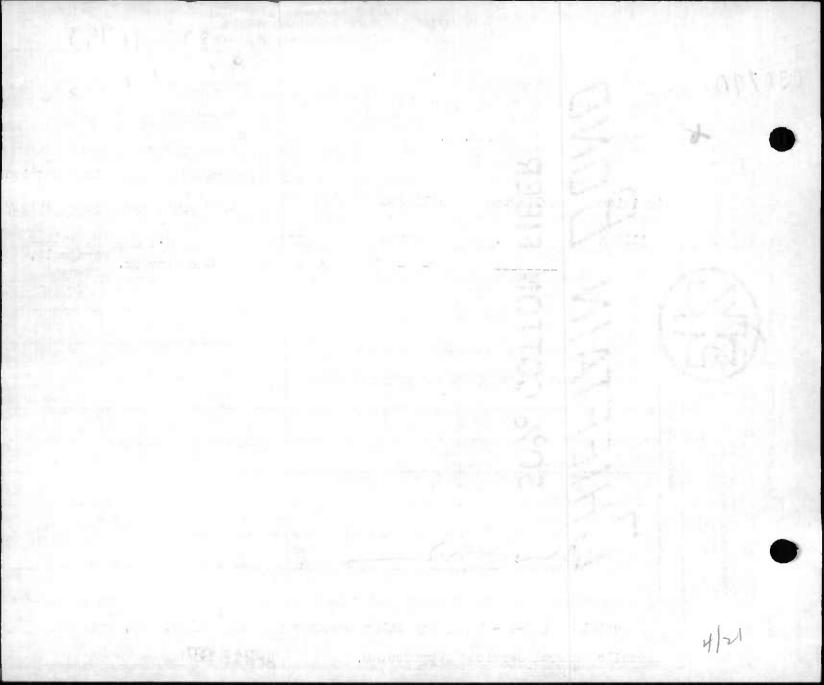
74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/ 7557 Wisconsin Avenue Bethesda, Maryland 20814

DHMH - 16 60M 7/84

(VRA 15, 4)

Killer Carterior Lane Comments AND DEFENDED AND THE STATE OF T and the same of the same of - 12/31/A WINE FEB IN THE WALK, DIGHT

STATE OF MARYLAND



filled in by the funeral director, page 3 hould be filed with

d by the attending physician and c

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low

		FOR		DEPARTA		OF MARYLAND	IFNF		
	1 -	STATE REGISTRAR		DEI ARTI		ICATE OF DEATH		0.175	9 4
	1. DEC	CEASED NAME FIRST	٨/	AIDDLE	1	E A F	14. DAIL OF BLAIL	MONTH DAY YE. 4 - 28 - 8	26 HOUR 4:00Pm
	3. SE)	EMALE	4. RACE WHITE		S. DATE C	JARY °5, 1907	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
5		RTHPLACE (STATE OR FOREIGN ENNSYLVANIA	U. S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O MONT GOMERY	H MD.	
10		TY OR TOWN OF DEATH VHEATON		CARENNURSIN		OR OTHER INSTITUTION	SECRETARY	ON DE WORKING LIFE) 12b. KIT INDUS US	ND OF BUSINESS OR STRY GOVERNMENT
75	13a.S	AL RESIDENCE (IF NURSING HO TARY LAND 138M	ONT GOMERY			13d INSIDE CITY LIMITS? YES X NO	13 STREET ADDRESS (ERN AVENUE	20910
50	2	SRAELST	WIDDLE	HORVITZ		ANNA ANNA	WE	OS	HĬŇSKY
/	160 V	VAS DECEASED EVER IN U.:	S. ARMED FORCES? ES. GIVE WAR OR DATES)	116-18-		RAULA L. ST	TERN, 1801 L	ANDMARK I V HILL NE	u TEDSEV/
		PART I. DEATH WAS C. IMME Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss	DUE TO, O the DUE TO, O DUE TO, O	GENERAL ZED CARCIA OR AS A CONSEQUENCE OF			ioma To SUS	BETV	WEEN ONSEL AND DEATH
, , , , , , , , , , , , , , , , , , ,	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAI	₹1 11o
1	CERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
9	_	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART) OR PAR	(1-2)
	MEDICAL	21d. INJURY OCCURRED WHILE ON THE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn count	TY STATE
2 2 2		220.1 certify the (1) this sow the deceased ally above. (1) we) idid id	10 nn 6/- 2	2 3 10	87,0	nd that in (my) (our) opinion (to depth occurred on the do		that (1) (we) lost in the causes stated
		226. SIGNATURE	Ane	los	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ S	PATE SIGNED
		NORMO!	US. A	oua C	no	103/3 G	6018419	Ale si	me

DHMH - 16 60M 7/84

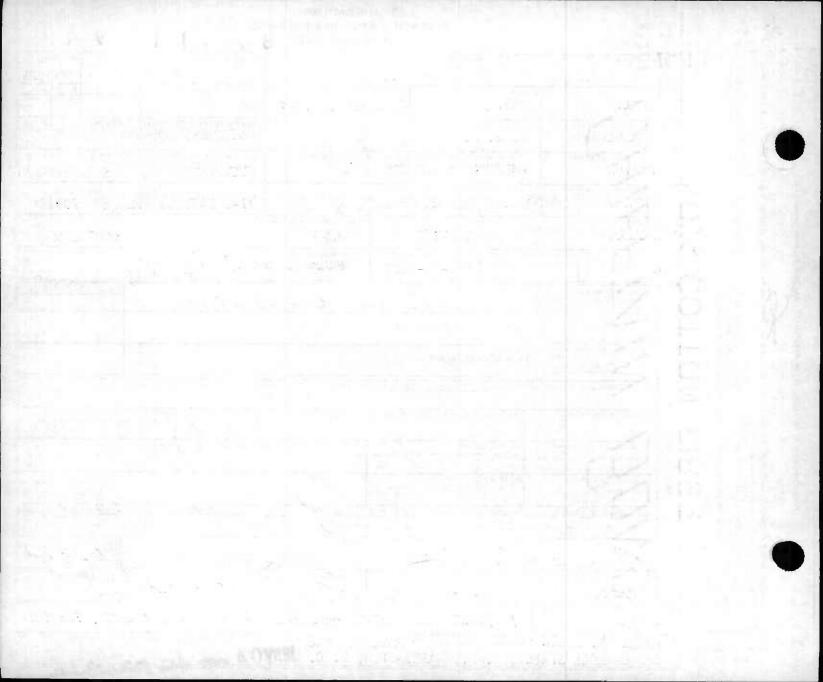
BP.

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 4/30/1987

234 NAME OF CEMETERY OF CREMATORY AS LOCATION KING DAVID MEMORIAL GARDEN OF TOMPALLS CHURCH, VIRGINIA

24 POONA POECHOR STEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 232 CARROLL STREET. N. W. WASHINGTON, D. C.



					STATE OF MAKTLAND		
2		1	FOR	DEPARTM	IENT OF HEALTH AND MENTAL HYC	SIENE	
25	1 100	100	STATE		CERTIFICATE OF DEATH	0 7 1	1 7 0 6
UL	ni is	1 05	CEASED NAME FIRST	MIDDLE	LACY	REG. NO.	1 / 7 5
a en	٤		OR PRINT)		LASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 9	deo		5amuel	NATHAN	Leavitt	4	18 87 1255 M
10,	0	3. SE.		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4 10	5	1	MALE	WITT	MONTH DAY YEAR	mo.	MONTHS DAYS HOURS MIN.
oge	200			WHITE	4 1 15	72 YRS	
F 0	2 P		OUNTRY)	78. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	
eo l	10 to	a	ASHINGTON. D.C.	U. S. A.	WIDOWED DIVORCED	MANT DONES	L COUNTY MD.
D of e	もんて			11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
rs offe by the		M	Over Soring	TOUL CLOSE	Nospital	SALESMAN OF WORKING	SHOES
hou in	å 2		AL RESIDENCE (IF NURSING HOME DR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CO	DE 20906
124 filled	B T	M	ARYLAND 13MONT	GOMERY SILVEROS	PRING YES XX NO	2505 GLENALLA	
thin thin	2 sh		THER'S NAME	-81	15. MOTHER'S MAIDEN NA	ME	AVENUE
ed w	35	I	SADORE	LEAVITT	BERTHA	WIDDLE	SIEGEL
ecut d co	S 0 /	16a. V	VAS DECEASED EVER IN U.S. AR			7240 PRESST11	CREST TERRACE
X S	3 17	N	VAS DECEASED EVER IN U.S. ARI	577_09_	(324 IRVING SHA	IIDER, DEPUNDE	MADULAND
9	2/22					DERWOOD,	MAKYLANU
0.	84 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (a), (b), and		Denent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	E S			E CAUSE (O) CHRD (O	- RESPIRATORY	/HYCRS/	
di di	or o			DUE TO OR AS A CONSEQUE	NCE OF		
eot	on,		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	PLE ORGAN FA	ALLURE	
P 0	iton tro	15	gove rise to immediate	(b)	, ,,,,,		
4 4	her		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
the de	ol, ol		onderlying couse lost.	((c)			IP COLUMN
Tes ou	burn y.	1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART Tra
200	The to	0					
3 0	any	CATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
o	Der S	1 🖺	4-9-87	URETERM.	CITHIASIS		TIFYING CAUSES OF DEATH?
The oil	Sh og	CERTIF	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		984	YES NO
AN Phys	OI OO		OR CONTRIBUTING CAUSE OF DEA	110010 111 1101101	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART ?]
D B	tem tem	S	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
HY	P & E	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	711 LOCATION	CITY OR TOWN	COUNTY STATE
C) di	the	E	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE FA	RM ETC 1 STREET	CHYORIOWN	COUNTY
Aft	Hor I			di anno de del control de	JUNE 24 10 20	POOL 6	37
OR OF	T e	1		ol) ottended the deceosed from	17 17		, 19 , that (1) (we) lost
Spil	100		above It (wer (did) (ald not	mere to body ofter death.	and that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
ho ho	her		27b. SIGNATURE	Marc	DEGREE		22¢ DATE SIGNED
the The	e Do		-100	WW	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	14-18-87
by ERA	Sto	H	22d. PHYSICIAN'S NAME (TYPE)	Ministr	22e ADDRESS		
S o o	the the			ARZELLA 7.E	167/ - 1	ST SILVERS	MEINE MA
O O	with the		GIVLIO 1, SCA				20910
T a	w > ₹ {	23a E	URIAL CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY		
BP		130	KIAL	4/21/1987 Jun	DEAN MEMORIAL GARD	ENS VENEY, MON	TGOMERY, MARYLAND
		24751	THE RAL PIRECTOR OTETAL L	HEBREW MEMORIAL 1	ELINEDAL HOME 1250 DAT	E REC'D. BY REGISTRAR 25b. REGI	
	6 60M 7/84	2	20 CADDOLL CTDE	T N W WENCK AL	UNLIVE HOME		Dindon Parley
(VRA	15, 4)	4.	L CARROLL SIKE	T, N. W., WASHIN	NOTON, D. C. AFT	1 22 1987 Mulia	Mought Kommis

Paul 19 H. P. Himal Lauring William MARY MARY PLANT PLANTED Commence of the second APR 22 BB Car Car

49797 APR-8

1					STAT	E OF MARYLAND				
1-	FOR STATE			DEPARTA		EALTH AND MENTAL HYGI	ENE			
1	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10.	19	Ò
	EASED NAME	FIRST Gle	n ,^	M.) 1	^{AST} Ledgister	20. DATE OF DEATH	MONTH DAT		HOUR
	9	len	· / V	1.	leag	ister		4	1987 8	510/ PM
1. SEX		4.1	RACE		S. DATE		6. AGE (IN YEARS LAST B		UNDER I YEAR IF U	INDER 24 HRS
	Male		B1	ack		er 13, 1953	33	YRS	The same of the sa	uns mine
	THPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVERMARRIED X	9. BALTIMORE CITY	OR COUNTY O	FDEATH	111
	Jamaica		Jamaic	a	WIDOWE		Montagne	ry Coun	tu	MD.
0 CIT	Y OR TOWN OF DEA	TH 11.		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION MOST		126 KIND OF BU	SINESS OR
160	thesola		SUDUY	Dan HOS	pital		Ass't Vice-P			Company
5UA 13a, S1	L RESIDENCE (IF NURS	ING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?				
	ryland	Prince	George's	Adelphi		YES NO	9250 Edwa	rds Way	, #711 /	20783
IN EAT	THER'S NAME	MIDI	DIE	IAST		15. MOTHER'S MAIDEN NAM				
1	Arthur	Mile		Ledgis	ter	Mavis	WIDDLE		Gardner	r
	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	89 AME	tropoli	tan Ova	1, #10E
March 1	No	(11 163, 5146 W	AN ON DATES!	579-92-	3475	Carl Ledgist	er, Bronx	, NY	10462	
	18 CAUSE OF DEAT			line for (o), (b), one	diciris -				APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
	PART I. DEATH W	IMMEDIATE C		Resp	tral	any taller			3 de	4-7
			DUE TO, OF	R AS A CONSEQUE	NCE OF	+ 0.	. 0 .	Α.	7	.0
	Canditians, if any,		(b)	Ponec	ense	year Cords	i Valle	soull	Luce	ller
	gave rise to imm couse (a), statin	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	. 1 -			,	71
	underlying couse	last.	(cl	HIV		- Impellion	\		of men	in
	PART 2. OTHER SIGN	VIFICANT CON	ADITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	VDITION GIVEN	IN PART 110	N/A
CERTIFICATION										
Ž.	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS I NG CAUSES OF D	
E.							YES NO	YES		0 🗌
	OR CONTRIBUTING		HOUR A.		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	T OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDI		P./		19					
WED	21d INJURY OCCURE		21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	WORK AT WO	RK -					11.	-,	A S	
	220.1 certify that (1) saw the decease		ottended the	deceased from_	da -) March 19 # 7		19	*	(I) (we) lost
	obove, (1) (we) (c	fid) (did not) vi	ew the body	ofter death.		nd that in (my) (aur) opinion d	eoth occurred on the o	ore and haur o		
	226. SIGNATURE		00	1.10		DEGREE ATTENDING	MEDICAL STA	AFF	22¢ DATE SIGN	NED
1	22d. PHYSICIAN'S NA	ME ITHE CORD	INT	a con		PHYSICIAN 2	DIRECTOR PHYS	77	wet 1	1

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cemetery

20009

DC

ery Silver Spring, Maryland
Sipple Rec'd. By registrar 256-registrar's signature
APR 7 1987 Julia Division Redden

Julia Sinder Rendell

DHMH - 16 60M 7/84

(VRA 15, 4)

PORTANT. II

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 4-4-87 Ga 24 FUNERAL DIRECTOR Richard Rapp, Inc. 1804 T Street, NW, Washington,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) ESTI-WITHIN 72 HOURS DEATH MATED FRANCIS LEIMBACH 4. RACE IF UNDER \$4 HRS DATE OF BIRTH 24 HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD Male March 7,1950 3-27-87 7:08P White 7a. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Washington, D.C. United States □ Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. Suburban Hospital Equipment operator Bethesda 3a. STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville Maryland Montgomery 14434-Brad Drive BALTIMORE, MD. 15. MOTHER'S MAIDEN NAME AFTER DEATH. MIDDLE FIRST Francis Arnett Leimbach, Jr. Harriette Brice 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Ave., NW, #702, Washington, DC 20005 DIVISION (IF YES, GIVE WAR OR DATES) Yes Vietnam Era 220-56-5634 Harriette Beth Swanson (Sister) 1421-Mass., 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR: PAGE 18 HOURIST OF MENTAL HYGIENE. DIRECTOR: PAGE 18 HOURIST OF MENTAL HYGIENE, DIRECTOR: PAGE 18 HOURIST AND MENTAL HYGIENE. DIRECTOR: PAGE 18 HOURIST OF MENTAL HYGIENE. DIRECTOR: PAGE 18 HOURIST OF REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries MAMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR UNDERLYING driver of an auto/fixed object collision CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 14100 Artic Ave. Kensington, maryland X 220. I certify that I took charge of the remains described above, held an Autopsy Accident X deoth resulted fram: Notural causes Undetermined manner TITLE (SPECIFY) DATE 3-29-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS Penn Street, Baltimore, MD TYPE OR PRINT 23g BURIAL CREMATION REMOVAL 23h DATE 23r NAME OF CEMETERY OR CREMATORY Cremation 3-30-1987 Lee's Crematory Washington, District of Columbia 07/84 250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE APR 13 1987 Julia Deviden Landon 24 FUNERAL DIRECTOR **DHMH** - 17 J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002 (VR A15 ME (5))

20 M 4/20

STATE OF MARYLAND

SIMIL OF MARIEMIN	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	5

17	- STATE REGISTRAR				CATE OF DEA		IENE REG. NO.	ì	1 / 4	5 8
	ECEASED NAME EIR	of lo	DDLE	LA	LEIZE	AR		НТИ	DAY YEAR	26 HOUR 1225 PM
3 S	EX	4. RACE	5.	DATE OF	BIRTH		6. AGE (IN YEARS LAST BIRTHE	AY)	IE UNDER I YEAR	IE UNDER 74 HRS
	Female.	White		Tanu	ary 27.1	YEAR	95	VOC	MONTHS DAYS	HOURS MIN.
la B	BIRTHPLACE (STATE OR EOREIG		HAT COUNTRY? 8				9 BALTIMORE CITY OR	YRS.	TY OF DEATH	
1	Virainia	USA		MARRIED VIDOWED	NEVER MARK	CED []	Montaomery	,		MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME OF	Christian		12a. USUAL OCCUPATION	1	126. KIND O	F BUSINESS OR
L	Takoma Park	Washings			Hospital		salesperso			shop
	JAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION G		MISSION)	13d INSIDE CITY L	IMITS?	13e.STREET ADDRESS / 2			
1	Md Pr	ince George			YESX NO		321 Gorman)7
H.	THER'S NAME EIRST	MIDDLE	LAST		15, MOTHER'S MA	IDEN NAM	WE		LAS	ot .
1		lenderson			Virginia	Ro	bertson			
	WAS DECEASED EVER IN U	S. ARMED FORCES? 1 YES, GIVE WAR OR DATES)	6b. SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDRESS		Cannoll	ton Md
1	no		216 05 8	862	Virgi	nia u	Jebb 6121 Lan	iont	Brive,	MATE INTERVAL ONSET AND DEATH
NO	underlying cause la	ch (b) (b) DUE TO, OR		eus E OF Wer	Lose HOT RELATED TO	Pho THE TERM	eumonea inal disease or condit	10N G	IVEN IN PART 110	2
CERTIFICATION	198 DATE OF OPERATION	196. CONDITI	ON FOR WHICH OP	PERATION	WAS PERFORME	D	200 AUTOPSY?	N CERT	ES, WERE FINDIN	OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYNG OR CONTRIBUTING CAUSE (IF EITHER, NOTICY MEDICAL EX	OE DEATH HOUR A.M.	MONTH DAY	YEAR 19		OCCURR	PED (ENTER NATURE OF INJURY I	N 11EM 18	3 PART I OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	T, FACTORY, OEFICE, EARM		21f LOCATION STREET	0	CITY OR TOWN		COUNTY	STATE
	22a I certify that (I) (this sow the deceased all above, (I) (we) (did) (a	111	19 0	1. ond	that in (my) (aur)	opinion o	death occurred an the date	and he		that (I) (we) last causes stated
	22b. SIGNATUR	leir		D	EGREE ATTEN PHYS	IDING C	MEDICAL STAFF DIRECTOR PHYSICIA	N []	22c. DATE	SIGNED
	22d PHYSICIANS NAME	(TYPE OR PRINT)	VAID		33/1	Tak	Ido Tene	core	le Hya	Usvi R
23a	BURIAL, CREMATION, REMO		1987 Ivy	HILL	METERY OR CREM	ATORY	23d LOCATION CITY OF TOWN Laurel, A	1d	COUNTY	STATE
24 1	FUNERAL DIRECTOR					25a. DATE	E REC'D. BY REGISTRAR 25	REGIS	STRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Neral director Donaldson Funeral Homes, Laurel, Md

APR 1 0 1987 Julia Deviden Lander

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4/20

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME M. DATE KNOWN Hastings TYPE OR PRINT) Lelen OF OF ESTIemmon AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED White Female BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Colorado WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Housewife 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 318 University Blvd. W. 20901 Montgomery Silver Spring Maryland YES CX NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Thaddeus Hastings Ethel McLin 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 335-12-2995 No Clair L. Lemmon, Item 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIA CREMATION, USED AS A BURIX OF HEALTH AND PART 2 OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT RDED TO THE C 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INILIRY OCCURRED 21e PLACE OF INJURY II LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BALTWORE, MARYLAND, 21201 Inspection 22a. I certify that I took charge of the remains described above, held an death resulted fram: Hamicide Patural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers, M.D. 1919 Seminary Rd., Silver Spring, Md. EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Cremation Apr.22, 1987 Westview 24 FUNERAL DIRECTOR **DHMH - 17** Ölin L. Molesworth, P.A., Damascus, Md. (VR A15 ME (5))

10000 M Dept of several II a to the name of the bounds broken anothedr "Well-15-2999 Cath G. Termen, Form 13 ---191 Westmary Wo. "Aver Editor, Mt. remained from 2, 1977 Early law breitness, Starting "Min in tole megnth, P. L., Darwagne, id.

Northel "3/13/87 Arlington Maril Com. Arlington "Sychaia Colonial Branch Colonial Courses W 220044

4/2/

		STA	TE OF MARYLAND		
1.	FOR			IENE	
, -	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	801
		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY 26 HOUR
2	THELMA	MUNSON LI	VDAMAN	4	13 87 11:25 AM
3 SEX	4			6 AGE (IN YEARS LAST BIRTHOAY)	NONTHS DATS HOURS MIN.
	S-EMALE	WHITE		C'/ YRS.	
		CITIZEN OF WHAT COUNTRY? 8. MARRI		11 1	- 1
10 (1)	anover Pa.				TIALKIND OF BUSINESS OR
0	1/1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ROLLING MA	LITTE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
(t)SU/	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION			2005
13a. S		/ /	YES NO	1409 VIER & MILDS	PD. ROCKULLE HI)
14. FA	THER'S NAME				1000
	JAMES	MUNSON		Jacob	y Musoal
			17 INFORMANT	ADDRESS	20072
	No	R07-03-7168	JOHN MILLER	27419 KIOLERO.	PAMASCUS MO
	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TETTUIN NO ALL	FAILURE		
		DUE TO, OR AS A CONSEQUENCE OF			1 110
	Conditions, if any, which	(b) METASTATIC	CARCINOMA OF	THE BREAST	6 YR5.
	couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			1000
		(c)	NIOT DELATED TO THE TERM	NAME OF THE PROPERTY OF THE PR	51/ 10 1 10 10 10 10 10 10 10 10 10 10 10 1
NO	PART 2. OTHER SIGNIFICANT CC	DUDITIONS CONTRIBUTING TO DEATH BO	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART TO
ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		, WERE FINDINGS USED
TEK					YING CAUSES OF DEATH? S NO NO
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)
AL	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
EDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	TAN HOME, STREET, PACTORY, OFFICE PARM, ETC.)			
	22a I certify that (1) (this hospita	A . A A . A . C		to APRIL 13	19_87_, tho (1) (we) lost
	sow the deceased alive on above (I) (we) (did (did not))		and that in (my) our) opinion of	death accurred on the date and hou	r and from the causes stated
	226 SIGNATURE		DEGREE		226. DATE SIGNED
	William H Si	Werman	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-13-87
			22e ADDRESS	- Pura Presenti	< Con
	WILLIAM H. SIL	LVERMAN	6111 EXECUTIV	E BLVD, IOCKVILL	20852
23a B	URIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF	CEMEJERY OR CREMATORY	23d LOCATION	COUNTY
19	orial	April 16,87 Kest	Haven	Hanore- 8	ork Pa.
24 FL	JAN TA	C. J. ADDRESS.	- + ADD	0 - 1007 / 1	RAR'S SIGNATURE
	Service A No. 1 (No. 1)	. (/ / / / / / / / / / / / / / / / / /	L CLAP COLAR HOLE IN	C. I I INC. I I LANG. ALION	Marian A. J. Wantana
	1 DEC CENTIFICATION 10 C1 10	- STATE REGISTRAR 1. DECEASED NAME ITYPE OF PRINT) THELMA 3. SEX -EMALC 70. BIRTHPLACE (STATE OR FOREIGN 7) COUNTRY) 10. CITY OR TOWN OF DEATH POCKULLE 03. STATE 13b. COUNT 14. FATHER'S NAME FIRST FIRST MINUTE 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stothing the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTRY IN THE CAUSE OF DEATH PART 2. OTHER SIGNIFICANT COUNTRY IN THE CAUSE OF DEATH PART 3. OTHER SIGNIFICANT COUNTRY IN THE CAUSE OF DEATH PART 4. OTHER SIGNIFICANT COUNTRY IN THE CAUSE OF DEATH AT WORK 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify thou (this hospital country in the deceased of live can obove (II) yeel (did (did no)) 27b. SIGNATORE 27d. PHYSICIAN'S NAME (IYPE OR) 27d. PHYSICIAN'S NAME (IYPE OR)	THELMA MUNSON 1. DECEASED NAME FIRST MIDDLE THELMA MUNSON 3. SEX THELMA MUNSON 1. DECEASED NAME FIRST MIDDLE THELMA MUNSON 1. DECEASED NAME FIRST MIDDLE THELMA MUNSON 1. DECEASED NAME FIRST MIDDLE THELMA MUNSON 1. DECEASED NAME FIRST MUNSON TO CITY OR TOWN OF DEATH POCKULLE MO FORMACOR OTHER HISTITUTION OF WHAT COUNTRY? 1. DEATH OF TOWN OF DEATH THE POCKULLE MO FORMACOR OTHER HISTITUTION OF WESIDENCE SECRET ADMISSION 1. DECEASED EVER IN U.S. ARMED FORCES? 1. DECEASE OF DEATH IN THE COLOR OF THE HISTITUTY OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	DEPARTMENT OF HEALTH AND MENTAL HYG REGISTRAR 1. STATE REGISTRAR 1. PECEASED NAME (1797 CORRIGAD) 3. SEX 1. FALL MA 1. MUNSDN 1. NOAM AN 3. SEX 1. FALL MA 1. RACE 1. WHITE 1. NAME OF BIRTH MONTH DAY AND 1. OLIT OR TOWN OF DEATH 1. NAME OF STREAM, ONE STREAM	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAN LIDECEASED NAME INTO THE LIMA MUNSON LINDAMAN 3.5EX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MUNSON LINDAMAN 3.5EX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MUNSON LINDAMAN 3. SEX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MUNSON LINDAMAN 3. SEX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MUNSON LINDAMAN 3. SEX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MUNSON LINDAMAN 3. SEX 4. RACE S. DATE OF BIRTH NOTH MORNI THE LIMA MORNI THE LIMA MUNSON THE LIMA MORNI THE LIMA MUNSON THE LIMA MORNI THE LIMA MORNI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA MORNI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA A GGE (INTHANSIAS) BRINDANI THE MORNI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA MORNI THE LIMA A GGE (INTHANSIAS) BRINDANI THE LIMA A GGE (INTHANSIAS) THE LIMA

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TO HOSPITAL

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STATE OF MARYLAND

				Paren	
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATE	OF	DEATH	b-c

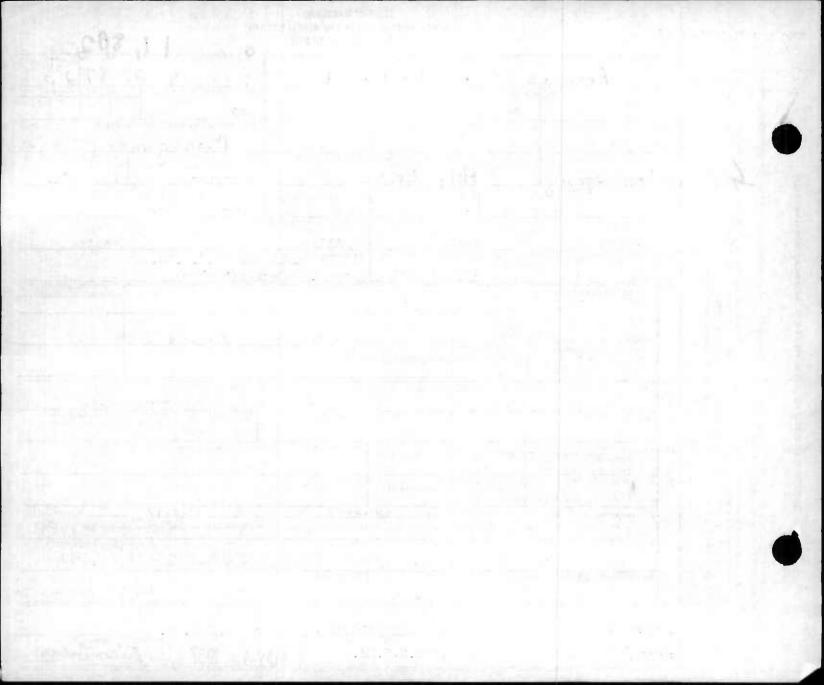
-	17	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE REG. NO.	882
		CEASED NAME PRST ORPRINT) France		5. DATE	OF BIRTH H DAY YEAR 25 23	6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	S S D M M IF UNDER 1 YEAR IN UNDER 1 YEAR HOURS MIN.
9	N	lew York	V	WIDOW		Mont gon	erd MD.
8	Si	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HOME (CHEAGILITY, GIVE STREET ADDRESS)	•	(TYPE OF WORK FOR MOST OF WOMING LIFE LIBRARIAN	126 KIND OF BUSINESS OR INDUSTRY US Gov t.
5	13a S	AL RESIDENCE (IF AIRSING HOME OR TATE 13b COUN Manyland Mon	TY	Takoma Park	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CODE Evans Parkway ME	20902
2		Howard	MIDDLE	Lockwood	Lillian	MIDDLE	Josette
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 118 05 2394	"ITF9TT" Capli	nger Rd.S.S.Md. unds(Nephew)	JUSELLE
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse [o], stating the underlying cause lost.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O (c) ONDITIONS C	OR AS A CONSEQUENCE OF	naumate Al	MINAL DISEASE OR CONDITION GIV 2 has a and Hemil 200 AUTOPSY? [200. IF YES	ONLEIS, WERE FINDINGS USED YING CAUSES OF DEATH?
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	.211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	4.	128 1987	DEGREE	deoth occurred on the dote and house MEDICAL STAFF DIRECTOR PHYSICIAN	
		22d. PHYSICIAN'S NAME (TYPE O	B.	Mason	22e ADDRESS	Summit Au	, Kensingto
	- (SURIAL, CREMATION, REMOVAL SPECIFY) Cemation	23b. DATE 4/29/8		olitan Cremat	23d LOCATION CITY OR TOWN ORV Alex. Va.	COUNTY STATE
4	24. FL	uneral director nesyRinaldi 118			250. DA	TE REC'D. BY REGISTRAR 251 REGIST	RAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, when the strategies have been signed by the otherding physicion and complete the strategies for use of the burnel frame. Then please remove corbon papers. Pages 1 of the the State Dept. of the other and Membel States prior to burnol, cremation, or removal.

eny injury, or other troumotic event, the medical

WPORTANT, if hem 21 is morked or hem.



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STATE OF MARYLAND

	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENT		REG. NO.	1 8 (1 3
1	1. DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(TIPE OR PRINT)	Mag	gie	0.	Lo	ve		April 2, 1987		6:07P A
	3. SEX		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Blac	k	Se	pt. 3, 1	903	83 YRS	MONTHS DAYS	HOURS MIN
ξ	70 BIRTHPLACE (SI			WHAT COUNTRY?		D NEVER MARRI		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
4	V L	rginia	USA III NAME OF		WIDOW	DIVORCE OR OTHER INSTITUTE		Montgomery 120 USUAL OCCUPATION	125 KIND C	OF BUSINESS OR
	Olney		Montgo!	mery Gene	ral H		014	(TYPE OF WORK FOR MOST OF WORKING L		Dr BOSINESS ON
	USUAL RESIDENCE 130. STATE Marvland	136 COU		13c. CITY OR TOW Ashton		13d INSIDE CITY LIA		130 STREET ADDRESS / ZIP COD 126 Ashton Rd.	E 20	1861
1	14. FATHER'S NAME	12.022				15. MOTHER'S MAIL	DENNA			001
1		ulius C		LAST		FIRST	Mo	ollie ?	LA	ST
	160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	No			220-12-	3993	Beverly	Lo.	ve (Daughter)	same	as #13
	gove rise t	if any, which to immediate stating the couse lost.	(b)	R AS A CONSEQUE R AS A CONSEQUE C A STR	NCE OF	HEMATE			4	5
		RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO				INAL DISEASE OR CONDITION GI	VEN IN PART 1	0
	No Pos	SIBLE L	ACUNAR	STROKE	5					
7	CERTIFICATION OF THE CATION OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		TN CERTI	S, WERE FINDI FYING CAUSES ES	
	OR CONTRIBUTION	WAS UNDERLYING COLUMN C	P. P.		YEAR	21c. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	WHILE AT WORK	NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	sow the c	hat (I) (this hosp deceased alive on (we) (did) (did no	4	2 19 8	7.0	nd that in (my) (our)	opinion o	death occurred an the date and ho	19 <u>87</u> ur and from the	that (I) (we) last causes stated
	Jeses ,	Boyance	in Unit	tivest,	pld		CIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE	2.87
	JESU.	N'SWAME (TYPE C	. /	" RES , MI				PRESERICK RY		77

DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR. After should be detached for use os with the State Dept. of Health IMPORTANT. If Item 21 is

(VRA 15, 4)

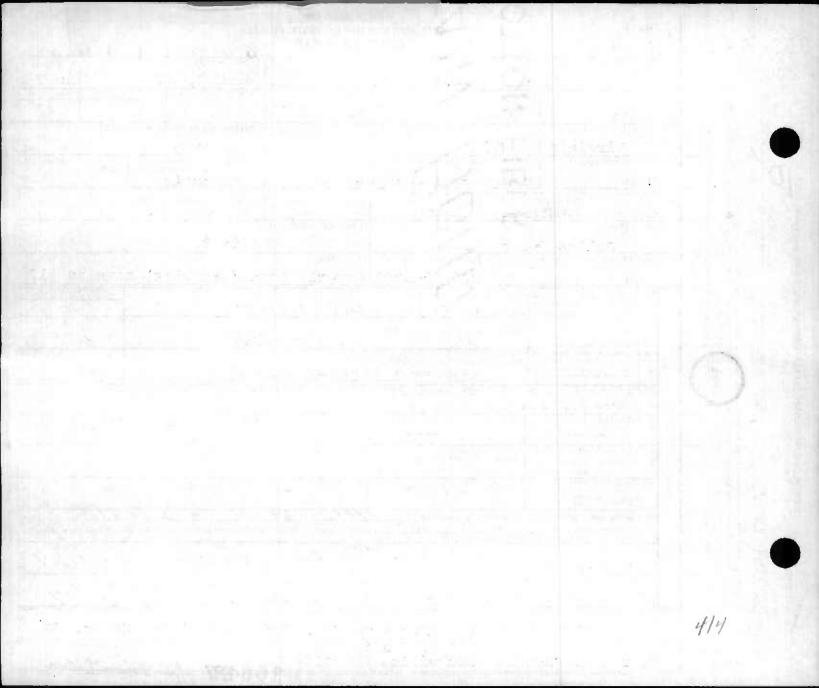
(SPECIFY) 4-6-87 Burial

Rockville, Montg. MD

74 FUNERAL DIRECTOR
George R. Snowden

Parklawn Mem. I 246 N. Washington 22 Rockville, MD 20850

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



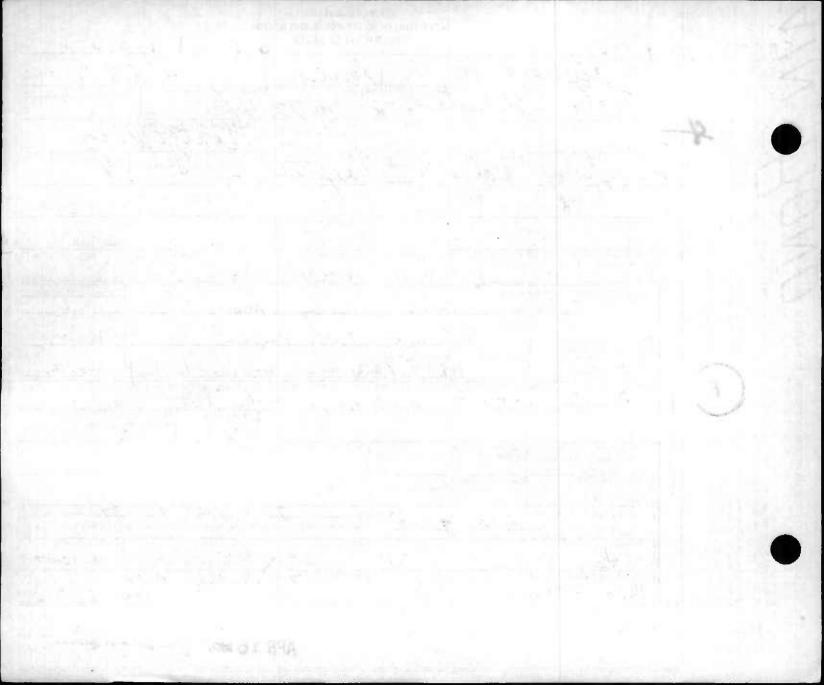
STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HY	GIENE REG. N	1/8	3 /0	4
(149)	CEASED NAME	Cha	id'	HT.	(Your,	E-SHASSISS -	4/8/	87	11:00Д
3 SE	That	e	The same	lite	3. DATE O	27/42	& AGE IN YEARS LAST BE	yes.	THE DAYS	MOUNT NAME OF THE PERSON OF T
	IRTHPLACE (STATEOR COUNTRY)	FOREIGN 76	USA	WHAT COUNTRY?	MARRIE		THE THE CITY OF	gone	erg	MD
30.7	CHUSE	ring	de	GIVE STREET	ADDRESS)	HOSPICAL	Computer	perat.	IZE MEND OF	BUSINESS OR
13a. S	AL RESIDENCE (1/NURS STATE 1D	PREDE	1	G PESIDENCE BEFORE IL CITY OR TOW THURMONT	N	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS		Ct.,	21788
J	TAMES	Ε.	DDLE	LOVE		15. MOTHER'S MAIDEN N	J.		ANGLI	N
(WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE V		216-40-6		Agnes Love	3 Sandy Sp	Thurmorings Co	ourt	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED I	BY:	line for (a), (b), and	d (c).)	2. Carrier	AmerT		APPROXIM BETWEEN ON	MATE INTERVAL NSET AND DEATH
	Conditions, if any gove rise to im- cause (o), statin underlying couse	nediate ig the	(b)	R AS A CONSEQUE	y Fis	Comin P.	neu moni c		ne	2016,
NO	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	Popiaience Jo RMINAL DISEASE OR CON MOJANTAT	DITIONGIVEN	IN PART Ira	n /hy
CERTIFICATION	190 DATE OF OPERA		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	706. IF YES, W IN CERTIFYIN YES	PERE FINDING	GS USED OF DEATH?
	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PARY	OR PART 2)	
MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK		71e PLACE (OF INJURY BEET FACTORY, OFFICE, F	ARM, ETC.)	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) saw the deceas abave, (1) (we) (ed alive on	April	19 8	/	nd that in (my) (aur) apinia	n death occurred an the d	ote and hour ar	/	hot (I) (we) lost auses stoted
	77b. SIGNATURE	p 6	Conem		30	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DATE S	10-87.
	HUGO (S- GRA		nh		27e. ADDRESS 71-	Pershing her Spring	Prince	2 20	0910
H	BURIAL, CREMATION, (SPECIFY) SURIAL	REMOVAL	23b. DATE 4/13/			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN FREDERICI		OUNTY EDERIC	STATE MD
24. F	UNERAL DIRECTOR	G. DOU	GLAS S	TAUFFER		'AP	R 16 WAGISTRAR	256 REGISTRAI	B. Z-ZIGHVIII	REAL

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1621 Opossumtown Pike, Frederick, MD 21701



	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG NO.	803
3	(I)vPè	MRS LILLIAI		MAGR	WOER	20. DATE OF DEATH MONTH	14 1987 1503 M
	3. SE	FEMALE RIHPLACE (STATE OR FOREIGN	75/ACK	Jul Jul	14 27 1911	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS. 9 BALTIMORE CITY OR COUNTY	FUNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5		Md.	U.SA.	MARRIE		MONTGOMER	
E	1	ockville	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN SHADY GROVE A	DUENTIST	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR INDUSTRY
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. CALIN			13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS ZIP CODE	Lane /20902
O	14. FA	THER'S NAME FIRST WALK	EN MCK	Oy	15. MOTHER'S MAIDEN NA	Hackett	LAST
1		VAS DECEASED EVER IN U.S. AR res. no objunknown) (IF yes, GIV	MED FORCES? 16b. SOCIA	-34-790	7 Alice W.	Minins aug /	633 Lavis Ae XXVIII 26857
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly ane cause per ne far (a), D BY: TE CAUSE (a)		PORLITURA	RCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ALSIVE AI	NO ARTHRIOSCH	DAMAS SCUTTC CARDIOVASCU	
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE SULPHINE OF OPERATION	ONDITIONS CONTRIBUTION FOR V	TES MEL	UTUS, METAS	200 AUTOPSY? 206. IF YES	EN IN PART 110 NOCE S, WERE FINDINGS USED SYING CAUSES OF DEATH? S NO
9	MEDICAL CER	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	an -	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
1	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hospes saw the deceased alive an hove, (I) (ma) (did) (did		_19_ &7 , or	nd that in (my) (ear) apinion of DEGREE ATTENDING	death occurred on the date and hou	19 that (I) (we) lost and from the causes stated
1		AME K	BRINT)	ul)	PHYSICIAN X	PH SICHARS LAWS	#234
	23o. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4-21-87		EMETERY OR CREMATORY n Park Cem	23d. LOCATION	Montg, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Purial
24 FUNERAL DIRECTOR
NAME
GOOD George R. Snowden

Lincoln Park Cem. 246 Nas Washington S Control of Recipitation S APR 20 1987

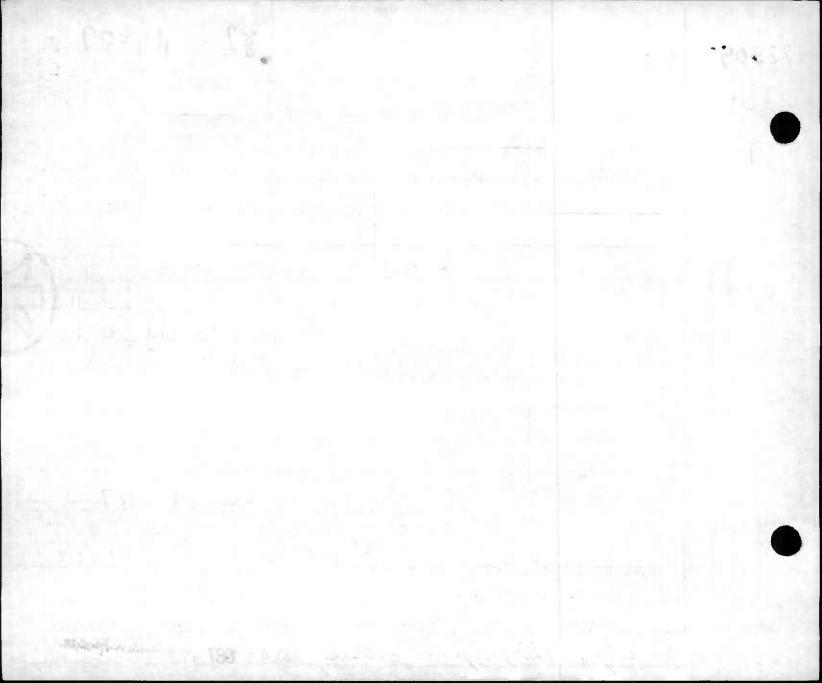
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- 1	>						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSKIAN: The Is- second to death certificate be executed within 24 hours offer death. Page 4 may be V	retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been the otherwise physicion and completely filled in by the Tuneral director, page 3	should be detached for use as the buriol-transit permit. Then plante remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	with the State Dept. of Health and Mental Hygiene was to be matian, or removal.	MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner multiperactly all of or a	
	TO HOSPITAL OR	retained by the hi	TO FUNERAL DIRI	should be detache	with the State Dep	IMPORTANT: If he	

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	00.00	N	JAIUZ Z		MODATE OF DEATH	1-19-	-87	1939 M
3. SEX		4. RACE	5. DATE OF BIRT	H DAY 7 YEAR	AGE (IN YEARS LAST BIR	MON		UNDER 24 HRS
70 81	PTHRIACE ASSESSMENT	THE CUTTITEN OF WHAT COUNTRY?	8	1 15	BALTIMORE CITY O		DEATH	
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								MD.
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13a. S				NSIDE CITY LIMITS?	3a. STREET ADDRESS		20878	
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14. FA		TAST	15. A			1	1467	
			zo	Jacqueline	MIDDLE		Bruno)
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. IN		ADDRE	SS		
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								TE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	4	CANDIDE FAI	was			weeks
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1 5	190 DATE OF OPERATION						ERE FINDINGS	SUSED
FI						IN CERTIFYIN	G CAUSES OF	
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		ottended the deceased from		, 17	, 10			it (1) (wo) lost
	obove, (1) (was to the did no	ot) view the body ofter death.			oth occurred on the di	ote and hour an		
100	22b. SIGNATURE	B. W. C			MEDICAL STA	cc		
				PHYSICIAN DE	DIRECTOR PHYSIC		Agoric =	20,1987
	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22 e	ADDRESS				-3-17
	Barry Hecht	. M.D.	39	141 Ferrara	Dr., Wheat	on. Md.	20906	
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETE	ERY OR CREMATORY	23d. LOCATION			
		Apr. 22, 1987 Gaz	te of Hed	aven Cemeter	y Silver S	Spring N	Montgom	ery Md.
	INERAL DIRECTOR THOU	nis T Callins	Th	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAF	R'S SIGNATUR	EA .
100	A Maissattitu Bl	and wast Silve	y Snring	Md. 20901 A	14KZ4 198	(inter	walliage.	- Konstution
	1. DEC (1146 A) 1. DEC (1146 A	TOLECASED NAME TOLECASED	1. DECEASED NAME (TYPE OF PRINT) SANCHORE 3. SEX Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK 10. CITY OR TOWN OF DEATH ROCKVILLE WIS.A. 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE SECONCE BEFORE 130. STATE WIS. A. 110. CITY OR TOWN OF DEATH ROCKVILLE WIS. A. 111. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE SECONCE BEFORE 131. COUNTY 132. CITY OR TOWN MONTE MEDIA MICHAEL 14. FATHER'S NAME FIRST MIDDLE MICHAEL 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) 16. FES GIVE WAR OR DATES! 17. WW. TI 18. CAUSE OF DEATH. Enter only one couse per line for (o), (b), on PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH. Enter only one couse per line for (o), (b), on PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONDITIONS GOVERNOON 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH 17. TIME OF INJURY ALTORIA ALTORIA 17. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE.) 210. LINJURY OCCURRED WHILE 17. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE.) 210. SIGNATURE 210. SIGNATURE 211. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.) 212. SIGNATURE 213. BURIAL, CREMATION, REMOVAL 214. FUNERAL DIRECTOR APPL 22, 1987 GAZ 214. FUNERAL DIRECTOR THE ARMON AND 215. DATE 216. SOUR LAND AND 217. FUNERAL DIRECTOR APPL 22, 1987 GAZ 217. FUNERAL DIRECTOR THE ARMON AND 218. PLACE OF INJURY APPL 22, 1987 GAZ 218. FUNERAL DIRECTOR APPL 22, 1987 GAZ 219. FUNERAL DIRECTOR THE ARMON AND 219. FUNERAL DIRECTOR THE ARMON AND 219. DATE APPL 22, 1987 GAZ 219. FUNERAL DIRECTOR THE ARMON AND 219. DATE APPL 22, 1987 GAZ 219. FUNERAL DIRECTOR THE ARMON AND THE ARCE THE ARMON AND THE ARMON AND THE ARMON AND THE ARMON AND	DEPARTMENT OF HEALTY REGISTRAR 1. DECEASED NAME FIRST MODILE A. MAILLE STANDER A.	1. DECEASED NAME FIRST MIDDLE NAST THE OF DEATH 1. DECEASED NAME FIRST MIDDLE NAST NOON MALE OF DEATH 3. SEX MARE STATE OR FOREIGN TO ACCOUNTER! 3. SEX MARE STATE OR FOREIGN TO ACCOUNTER! 3. SEX MARE STATE OR FOREIGN TO ACCOUNTER! 4. RACE S. DATE OF BIRTH MOON MALE OR DAY TYEAR STATE OR DAY T	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NI DECEASED NAME ITHE OR PRINT SAWHTO RE A. MAUUZZO 3. SEX REG. NI REG. NI REG. NI ALE REG.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE LIPECASED NAME LIPECATE OF DEATH SAWHTO REA MODIL JOSEPH OF STATE LIPECASED NAME	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR LOCKEASED HAME 1 THE OFFICIAL SAWHTORE A. MAUUZZO 1 SEX MALE 1 SALE SAME 1 SALE SALE STATE OF DEATH MOORE SALE STATE OF DEATH MARKED SALE

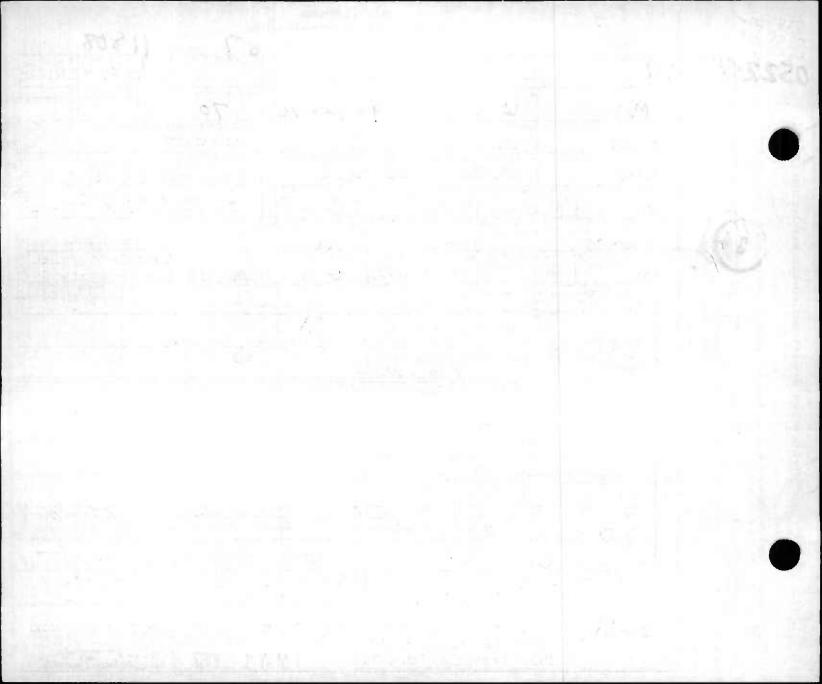
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136. STATE Maryland Montgomery M	
FIRST MIDDLE LAST MIDDLE	
	rove Court
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 19161 Brooke G (155 NO OR UNKNOWN) (15 YES, GIVE WAR OR DATES) 162-03-8420 James N. Maleady Gaithersburg,	Md. 20879
18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), 005 008 YUC) CM PRIMONIA 2	PROXIMATE INTERVAL VEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CHECK OF CONTINUATION OF CONTINU	nknown
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	tī 1 o
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 AUTOPSY? YES \(\text{NO}\) YES \(\text{NO}\) YES \(\text{NO}\)	
21g. ACCIDENT WAS UNDERLYING TO THE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR OF CONTRIBUTING AUSE OF DEATH OR A.M. MONTH DAY YEAR OF CONTRIBUTING AUSE OF DEATH OR A.M. MONTH DAY YEAR OF CONTRIBUTING AUSE OF DEATH OR A.M. MONTH DAY YEAR OF CONTRIBUTING AUSE OF	T 2)
216 NJURY OCCURRED 210 PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE FARM ETC.) 211 LOCATION STREET CITY OF TOWN COUNTY	Y STATE
The I certify that (I) (this hospital) attended the Greated from 19 and that in (my) (our) opinion death occurred on the date and hour and from above, it (we had a fall fill and were the bade after deaths.	, that (I) (we) last the causes stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	72887
224 PHYSICIAN'S NAME (TYPE OR PHYSICAL NAME) 126 ADDRESS 11510 Old Georgetown Road Rockytille Maryland 2085;	
Peter G. Pushkas, M.D. Rockville, Haryland 2005.	
(SPECIFY) APTIL	STATE
24 FUNERAL DIFFCTOR Robert A Pumphrey Funeral Homes / 250 DATE REC'D. BY REGISTRAR'S SIG	irginia NATURE
Rockville Inc. (VRA 15, 4) Rockville Inc. 300 West Montgomery Ave. Rockville, Maryland MAY 4 - 1987	de la



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician commitment alled in by the fighter this of the burial-trons it permit. Then please remove carbon pages and one of the burial-trons it permit. Then please remove carbon pages in the first with
DIVISION OF VITAL	O HOSPITAL OR ATTENDING PHYSICIAN: The le etained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate ha hauld be detached for use as the burial-transit po

lead near		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 7 REG. NO.	1808
225/11		CEASED NAME FIRST RAL	.ph	Mandel	20 DATE OF DEATH NONTH 04	28 87 12.30AM
may.	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
oge 4		Male	White	9-12-16	70 YRS	
Jeoth. Po	Ne	RTHPLACE (STATE OR FOREIGN OUNTRY) WYORK	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
s ofter of by the fulled with		olney	11. NAME OF HÖSPITAL, NURSIN Montgomery Gene	ADDRESS Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Business Owner	176. KIND OF BUSINESS OR INDUSTRY (Ret.) Prof. Photo-
haur d be t	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN	T (130. STREET ADDRESS / ZIP CO	
1101	I, FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		1457
(NEW E)		Leopold	Mandel	Dora		Alterman
TO THE		AS DECEASED EVER IN U.S. AR	E WAR OR DATES!		ADWES3-G	Silver Spg.Md.
1 12		es WW.	1 111 - 111 -	0421 Gertrude K. M	Mandel; Wife; 1530	1 Beaverbrook Ct.
oth certificatending phy ecorbon page in, or removal motic event		PART I. DEATH WAS CAUSE IMMEDIAT	DUE TO, OR AS A CONSEQUE	ENCE OF GA	-st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the ded by the offices removial, cremation		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	MEOF_	y current), _
equires in signe injury,	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART TO
the law range.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } } } \text{ \
ySICIAN: Ti ding physicic s certificate purial-transit Mental Hygi	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
IG PHYS offendin ter this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE NAT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN outal ar TOR: Af far use o of Health		220 certify that (1) (this haspit	ol) ottended the deceased from	7 , and that in (my) (our) opinion	deoth occurred on the date and h	19_87, tho (B) (we) lost
y the haspy y the haspy Ral DIREC detoched is late Dept.		774 SIGNATURE	anon m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR DHYSICIAN	#28/87
TO HOSPITAL etained by th TO FUNERAL should be det with the State IMPORTANT:	20	THE PHYSICIAN'S NAME HATO	SimonMD	270 ADDRESS Olney	Md. ancal	Hospital
BP	- (URIAL, CREMATION, REMOVAL SPECIFY)	4/30/87 Jud	JAME OF CEMETERY OR CREMATORY Lean Memorial Garde	23d location city or town ens; Olney; Monto	gomery; Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	SKY-GOLDBERG MEN ke;Rockville, Mo	ORIAL CHAPELS 250. DAT 1. 20852 MA	Y 1 - 1987 Julia	Strar's SIGNATURE



lled in by the funeral director, page 3 old be filed within 72 hours offer death

injury, ar other traumatic event

IMPORTANT: If Hem 21 is marked on

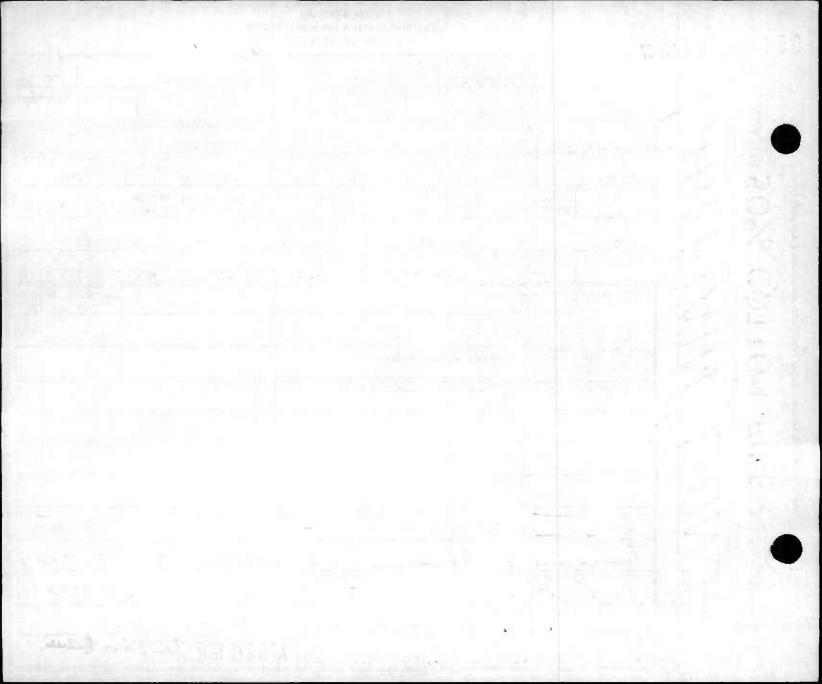
STATE OF MARYLAND

21,	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE REG. N	d 1	8 0	9
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
	Jane	Johns	stone	Mann	ing	April 7,19	987		7pm A
3 S	EX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Caucas	sian	Apr	il 1, 1898	89	YRS	MONTHS DAYS	HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
D	undee, Scotland	United	d States	WIDOW		Montgomer	7		MD
	CITY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
	Bethesda		Battery La		#518	Housewife	* WORKING TIE	at ho	ome
13a	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN aryland Monto	OTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS 4949-Batte			20814
	ATHER'S NAME			-	15 MOTHER'S MAIDEN NA	ME			
П	Thomas	MIDDLE	Johnstone	2	Euphemia	WIDDIE	C	uthber	Ė
160	WAS DECEASED EVER IN U.S. AR.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
	(IF YES, GIV	E WAR OR DATES)	142-03-9	9589	Jane A. Mannin	ng (Daughter) Same	as #13	3
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause pe	r line far (a), (b), and	d (c).t					MATE INTERVAL ONSET AND DEATH
		Ď BY: E CAUSE (a)	Pneur	nonia					e weeks
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	r as a conseque	ic lu	ng carcinoma				nonths
CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
I E	Tradition and the					YES NO	YES		NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	10	DE INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM IB P.	ART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did no	March	1 29 19	Ju 87。	ne , 19.86 nd that in (my) (***) opinion	to April death accurred on the d			that (1) (we) last causes stated
	22b. SIGNATURE	1	luga			MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 7
	Margaret S.Ch				22e ADDRESS 1111-Spring	St.,Silver	Spring	g,MD 2	0910
23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	4-11-	1987 Gr	eenwo	ood Cemetery	Trenton,			
	FUNERAL DIRECTOR		ADDRECE		250, DIAT	R20 1987	250 REGIST	RAR'S SIGNAT	UFFARE
J.	.Wm.Lee's Sons C	0.300-4	th St., NE	E, Wash	1.,DC20002 AF	47 DOI 6	- D		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physhould be detached for use as the burial-transit permit. Then please remove carbon pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove



page 3 CL

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REGISTRAR			CERTII	FICATE OF DEATH	₽ ≯ REG. N	0 11	012	
DECEASED NAME FIRST (TYPE OR PRINT) Pablo	Р	edro	Ma	ranon	26. DATE OF DEATH Apri	20, 19	87	2ь нош р. 4:35 р.
3. SEX Male	4 RACE White	Э	June		6. AGE (IN YEARS LAST BE		UNDER 1 YEAR	
BIRTHPLACE (STATE OF FOREIGN COUNTRY) Ecuador	Ecuad		8 MARRIE WIDOWI	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY C	F DEATH	MD.
Silver Spring	Horys	Cross Hos	prtal	OR OTHER INSTITUTION	126 USUAL OCCUPAT LIMPE OF WORK FOR MOST Engr/Steam		126. KIND (INDUSTRY Pres	National Bldg.
		Rockville		13d INSIDE CITY LIMITS?	136 STREET ADDRESS 199 Rollin	ZIP CODE	#435	20852
	middle mn	Marano		15 MOTHER'S MAIDEN NA Errst Zoili	nmn		B	ucheli
(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	577 64 15		7 INFORMANT Zoila Matilde	Maranon(Wi		eas 1	3e
Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	TE CAUSE (o) DUE TO, C	OR AS A CONSEQUE	MCGOF H	e arret	t		BETWEEN	KIMATÉ INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNAFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	man	y em	lle	NOT BE ATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
TO RECONTRIBUTING CAUSE OF DE OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING NOTE WED CALE EXAMINE THE CONTRIBUTION OF THE CONTRI	P. 21e PLACE (AT HOME, ST	.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	21c HOW INJURY OCCURP		RY IN ITEM 18 PAR	COUNTY	STATE That (I) (we) lost
22d PHYSICIAN'S NAME (1996) Ira Tauber	at wind the tobate	9 10	411	d that in (my) (our) opinion of the desired opinion of the desired opinion opi	MEDICAL STA	FF CIAN []	771 DATE	couses stated
23a. BURIAL, CREMATION, REMOVAL	23b. DATE 4/22/	87 23c N	TAME OF C	EMETERY OR CREMATORY of Heaven Ceme	23d LOCATION eterv ^{CITY OR T} Silv	er Spri	ne" M	arvländ

^{24 FUNERAL DIRECTO}Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 APR 2 4 1987 PER SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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Andrew Calburg	7					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
OF VITAL RECORDS, 201 W. PRESTON ST., B	MARYLAND 21201	
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44.1	1-	FOR STATE		DEPARTMENT OF HEAD		GIENE	
		REGISTRAR			ATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDDLE	IM 12	TIO	20. DATE OF DEATH	AORTH DAY FEAR 126 HO
	0.051			11176	0111	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR IF UNDER
	3. SE)	1.1	4. RACE	5. DATE OF B	PAY 9"9	6. AGE (IN YEARS LAST BIRTY	MONTHS DAYS HOURS
-01	In RI	RTHPLACE (STATE OR FOREIGN.	76 CITIZEN OF WHAT C	OUNTRY2 8	10 71	9. BALTIMORE CITY OR	YRS COUNTY OF DEATH
Y		Italy	USA	MARRIED L	NEVER MARRIED	-	ODVASMO
4	18 CI	ITY OR TOWN OF DEATH		WIDOWED []		12a. USUAL OCCUPATIO	IZE KIND OF BUSIN
X	5	ilver Spring	(IF NOT IN SUCH FACILITY	POSS HO	en	Baker	WORKING LIFE) INDUSTRY Clements
And	USU	AL RESIDENCE (IF NURSING HOME O		DENCE BEFORE ADMISSION)			
5	130. 5	STATE 13b. COU		Ver Bring y	INSIDE CITY LIMITS?	9505 V	ANCE Place
-	14. FA	ATHER'S NAME		1 115.	MOTHER'S MAIDEN NA	ME	
20		Pietro	Maro	tta	Ünobta	ainable MIDDLE	LAST
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SO	CIAL SECURITY NO. 17	. INFORMANT	ADDRES	S
		YES, NO OR WHENOWN) THE YES, GI	57	8 10 1372	Antonio N	Marotta (Son)	Same as 13E
		18 CAUSE OF DEATH (Enter o	nly one couse per line for	(o), (b) (and (c).)	1 /		APPROXIMATE INT
		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	erd lovers	iretary &	mest.	
			DUE TO, OR AS A	ONSEQUENCE OF	011	-01	2 5
		Conditions, if any, which gove rise to immediate	((b)	zne m	16 carolia	Charace	10V 2 NO
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A	60	Dalon, 5	Wiserse	3100
1			((c)	DIDUCK	WAO. J	0.3-0-3-0	
)	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	TING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110
H	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US
7	읦					YES NO	IN CERTIFYING CAUSES OF DEA
太	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	Y Y YEAR 2	Ic HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART 2)
7	¥	OR CONTRIBUTING CAUSE OF DE	AIR	ONTH DAY YEAR			
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		IF LOCATION	CITY OR TOW	N COUNTY
	>	AT WORK NOT WHILE AT WORK	(MI NOME, STREET, FREIX	1 1	eath c	2 4 1	24 22
		220.1 certify that (I) (this hosp		Wom April	19 0	7. 10 APC. 1	5 , 19 f, that (I)
		saw the decemed alive or above, (I) (weyldd) (did no	ot viewahie body shy de	6th.		death occurred on the dat	te and hour and from the causes s
		77% SIGNATURE	11 41	DEC	GREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		much	MAN	ms.	PHYSICIAN	DIRECTOR PHYSICI	AN 0 19-15-2
_		724 PHYSICIAN'S NAME IN		27	20 ADDRESS V	on St.S.S.Md	
7			le/				•
7		The same of the sa					
7	23a B	BURIAL, CREMATION, REMOVAI (SPECIFY) BURIAL	23b. DATE 4/17/87	Gate of I	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN S.S.	Mont. Md.

DHMH - 16 60M 7/8 (VRA 15, 4)

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		1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE		
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 3 2	
7.63 A	PR 20	1. DEC	EASED NAME FIRST	Jei CE.	MARSH	20. DATE OF DEATH MONTH	- 9-87 1 10 HOUS 9	7
e 4 moy		3. SEX	MALE	4 RACE CAUCASIAN	S. DATE OF BIRTH MONTH DAY - Z - Z - Z	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HAS	
eath. Pag	83		RTHPLACE ISTATE OR FOREIGN OUNTRY	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO		-
offer de y the fur	Partied	10 CI	YORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET)	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR	_
24 hours	2	13a S	RESIDENCE (IF NURSING HOME O TATE 13b COU	ROTHER INSTITUTION. GIVE RESIDENCE BEFOR NTY 130. CITY OR TOV		13. STREET ADDRESS / ZIP	CODE #143 209	910
d within apletely f	Xamine	14 FA	THER'S NAME FIRST APPOLD	MIDDLE MADS 1	15. MOTHER'S MAIDEN NA	ME MIDDLE	ARROTT	-
executer and con	medicole			RMED FORCES? 16b SOCIAL SECULAR OR DAJES) 579-24	URITY NO. 17 INFORMANT	CASHICAL S	16 AVONDALE, DI	R.
Participant of the control of the co	event, the n		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per ling for (a), (b), a	te Respirat	ory Tacle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LOVE	_
that the destricts I by the destructor cose relates control of, cremoth	r other traumatic		Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONSEQUENCE	ie obstruction	e Pulway	hilese	
equires regneral regneral regneral	r injury, o	NOIL	Post	op Sm	DEATH BUT NOT BELATED TO THE TERM	This fourtra	M	
The law retion. e has been sit permit grene prior	Shows only	CERTIFICATION	3-29-87	1 S.B. 06		YES NOW IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO	
H O O	tem 18 s		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	.m 18 PART I OR PART 2)	
offendir fer this is the bu	rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
RECTOR: Alection of the pt. of Health	21 is mo		sow the decented slive or	oital) ottended the deceased fram		death occurred an the date an	, 19 , that (I) (we) last id hour and from the causes stated	
De to	LT. If Item		22b. SIGNORURE	take		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 4-10-87	7
TO HOSPITAL etoined by the TO FUNERAL should be detined with the Stote	MPORTANT		Robert T	A- Smith	220 ADDRESS 76/0 Car	roll Ave to	270 Taleone P	in
BP	Y.	230 E	URIAL, CREMATION, REMOVA	1 23b DATE 23c 4-10-1987 C	NAME OF CEMETERY OR CREMATORY CHAMBERS CLEM	23d LOCATION CITY OF TOWN RIVERDIAL	E PEC Md.	
DHMH - 16 60M (VRA 15, 4)		24 FL	NERAL DIRECTOR NAME NA	ERS CO. INC ADDRESS	ILVER SPRING ME "AP	RF1 6 1987 RARION	EGISTRAR'S SIGNATURD	

Walter Williams STARL WHEN THE THE PLANT OF MANY MANY AND AND ADDRESS. APRICO COMPONSO VOLUME DE PROPERTO March Control of March March 1987 - Bright Control 0524

star, page 3

STATE OF MARYLAND

	Male	nnets 1 A R	£ 7	DOLE	_ L/	AST /					
3 SEX	Male	4 R		- Martin.			20. DATE OF DEA	ATH MONTH O	PS 87	26 HOUR 5	
-	THPLACE ISTATE ORF	Male White ***					6. AGE (IN YEARS)	YRS.	FUNDER YEAR	IF UNDER 24 HRS HOURS MIN.	
S S	irginia		U.S.A		MARRIEL WIDOWE	D DIVORCED	Mon	ity <u>or</u> county tgomery		OF DEATH MD	
S	YORTOWN OF DEA	ing	HOLY	Cross HO	obressi Ospita	R OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Steam F	MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY UNION Local6		
Mar	yland	Montgo		Silver Spilver	V 1			RESS / ZIP CODE Lack St.		20906	
	THER'S NAME FIRST Rice	міоо Н.		Martin		15 MOTHER'S MAIDEN NAM Augusta	ME	9,000	Smit	h	
D (AE	AS DECEASED EVER ES. NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES	229-32-0		Evelyn H. Ma		wife	same		
	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	AS CAUSED BY IMMEDIATE C which necliate g the last.	DUE TO, OR (c)	AS A CONSEQUE	ARR NCE OF	ARDIOMYO		CONDITION GIVI		MATE INTERVAL ONSET AND DEATH	
T E	19a DATE OF OPERAT		19b. CONDI		OPERATION	WAS PERFORMED 21c. HOW INJURY OCCURR		IN CERTIFY			
3 3	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	RED	HOUR A.M P.M 21e. PLACE O (AT HOME, STREE		19	211. LOCATION STREET		Y OR TOWN	COUNTY	STATE	
	220.1 certify that (1) sow the decease above, (1), (2), (1) THE PHYSICIAN S NA	ed olive on	alexion.	10 8	H	d that in (my) (aur) apinian d DEGREE ATTENDING PHYSICIAN D The ADDRESS 8830 Cameron	MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DATE	SIGNED T	
24 FUI	URIAL CREMATION, PECIFY) BUTLAL NERAL DIRECTOR NAME	Franci		987 Pa	rklaw Jr.	n Cemetery 1250. Date Md 20001 M	REC'D. BY REGIS	Cle Monto	county comery arissignal	Maryllano	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be defached for use as the buriol-transit permit. Then please remove corbanpaper. Pages with the State Dept. of Health and Ministerial members to buriol, cremation, arremaval. IMPORTANT: If them 21 is marked a m

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in

retained by the haspital or attending physician.

BP.

FOR - STATE REGISTRAR DECEASED NAME

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DATE OF BIRTH

	8 / REG. N	10.	1	8 1	1
	28. DATE OF DEATH	HINOM	BAY	MEAR	2b
	J. John	04	30	87	6
1	ACE INVESTIGATE	BEAG AND	15 (16.0)	SER THE AR	6.1

YRS 9. BALTIMORE CITY OR COUNTY OF DEATH

EX	4. RACE	5. DATE C
M	B	MONTH
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8

MIDDLE

USA

07 MARRIED NEVER MARRIED WIDOWED

MD. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

IS CITY OR TOWN OF DEATH TAKOMA PARK

(TYPE OR PRINT)

VIRGINIA

4 FATHER'S NAME FIRST

3. SEX

MD

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON ADVENTIST HOSP. USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 CITY OR TOWN

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

130. STREET ADDRESS / ZIP CODE 10003 RIGGS RD.

GOVT. EMP

YES X NO [

YEAR

15. MOTHER'S MAIDEN NAME MARY

13d. INSIDE CITY LIMITS?

MIDDLE HALL Ε. ADDREROANOKE, VA.

WILLIE T 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 1945/1947

heri

MARTIN 16b SOCIAL SECURITY NO. 226 28

13c. CITY OR TOWN

ADELPHI

LAST

17 INFORMANT 4257 HAZEL HALL

1606 SYRACUSE AVE. N.W.

18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C	1 0 0 0 1 0 0 1 1 10	ic Shoc	K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ACUTE MO DUE TO, OR AS A CONSEQUENCE OF (c) SURFE		/ in fa	rotion 9 day
PARTY OTHER SIGNIFICANT CON ACUTE TENG	divions consibuting to death but	NOT RELATED TO THE TERMI	NAL DISEASÉ ÓR COND	OITION GIVEN IN PART 1/0
198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURT	Y IN ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
73s.1 certify that (1) (this boots)	76 - 90	d that in (my) (our) opinion d	enth occurred on the do	19

physicio or other troumatic event, buriol, a 0 prior pee shows any certificate has as the burial-transit per th and Mental Hygiene rial-transit PHYSICIAN: 00 phys marked or Item 6 ATTENDING TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal haspital HOSPITAL ORTANT. peu 0 BP

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24 FUNERAL DIRECTOR

27h SIGNATUE

236. DATE MAY 1987 231 NAME OF CEMETERY OR CREMATORY WILLIAM MEM. PK

DEGREE

22e ADDRESS

DIRECTOR _

KÖÄNÖKE,

STAFF

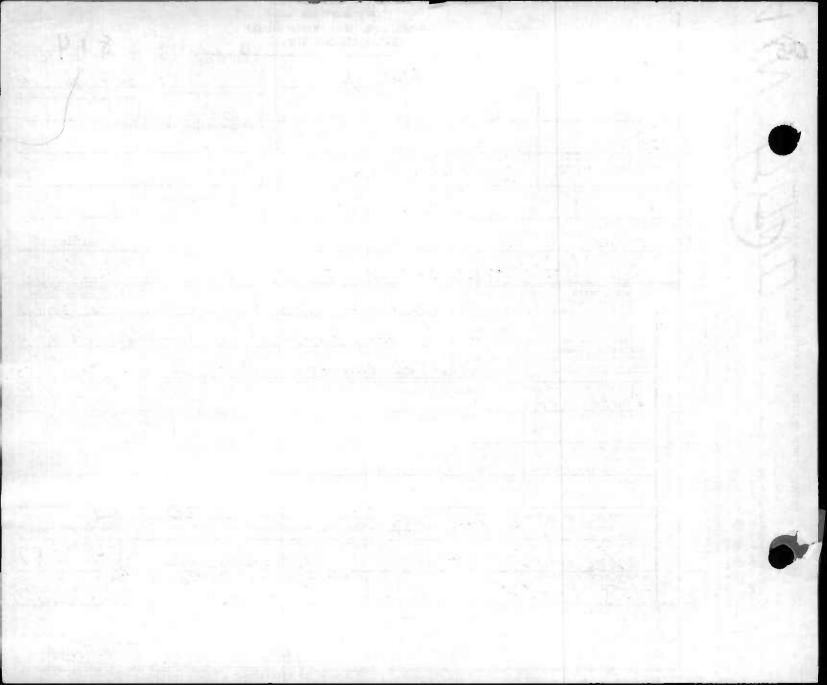
PHYSICIAN

STATE

ATTENDING PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

saw the deceased flive above, (I) (western) (did.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit perimit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to furial, cremation, ar removal.

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

and injury, or other traumatic event, the

MPORTANT: If Hem 21 is marked or Item

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1 1 2	1 5
	DECEASED NAME FIRST	MIDDLE	140	SCETTI.	20 DATE OF DEATH MON	13 87	11 20 HOUR
1		RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTI DA		IF UNDER 24 HRS
1	Mala	6.10018104	MONTH	2 26 95	01	MONTHS DATS	HOURS MIN.
ı	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	ITRY? 8	79	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
K	COUNTRY	USA	MARRIE	DINEVER MARRIED DINORCED		ntgomery	
4	10 CITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NU		- 057	120 USUAL OCCUPATION	T12h KIND C	OF BUSINESS OR
		ndolph Hills		Home	Shoemaker	Self	Employed
1	USUAL RESIDENCE HE NURSING HOME OF OTH 130 STATE HIS COUNTY Maryland Montgo	mery Silver	Spring	13d. INSIDE CITY LIMITS? YES MO	11200 Lockwood	od Drive	3901
	14 FATHER'S NAME Pacifico MID	Masce	tti	IS MOTHER'S MAIDEN NAM Catterina		Garri	ëlla
	160 WAS DECEASED EVER IN U.S. ARME (YES NO DO UNKNOWN) (1F YES CIYE W		5ECURITY NO. 6-9692	17 INFORMANT Marie Henders	on-daughter-	12119 Wille Silver Spr	ow Wood Di
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT COI	(c)	SEQUENCE OF Z		20a AUTOPSY? 20	ON GIVEN IN PART 11 6. IF YES, WERE FINDII CERTIFYING CAUSES	NGS USED
S	HI L		decino.		YES NOWX	YES	NO [
	OR CONTRIBUTION TO CHIEF OF DELIVER	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
	OR COMMENDING CONSCIPENT (IF EITHER NOTIFY MEDICAL EXAMINER) WHILE NOTIFY MEDICAL EXAMINER) WHILE NOTIFY MEDICAL EXAMINER AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270 Certify that (I) (this hospital) saw the deceased alive an above (I) (See Idid) (decear) with personal state of the Physician's NAME and according to the Sengstack	new the body after death.	19 <u>87</u> an	22e ADDRESS	death occurred on the dote of	III DATE	
	23e BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
				Heaven Cemete	ry Silver Spr	ing Montgo	mery Md.
	24 FUNERAL DIRECTOR Hines/Rinaldi Funer	ra Hama Addition	00 N.H. ver Spri	Tree,	REC'D BY REGISTRAR 75%		TURE

STATE OF MARYLAND

DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
CEI	TH	CLC ATI	TOF	DEATH	

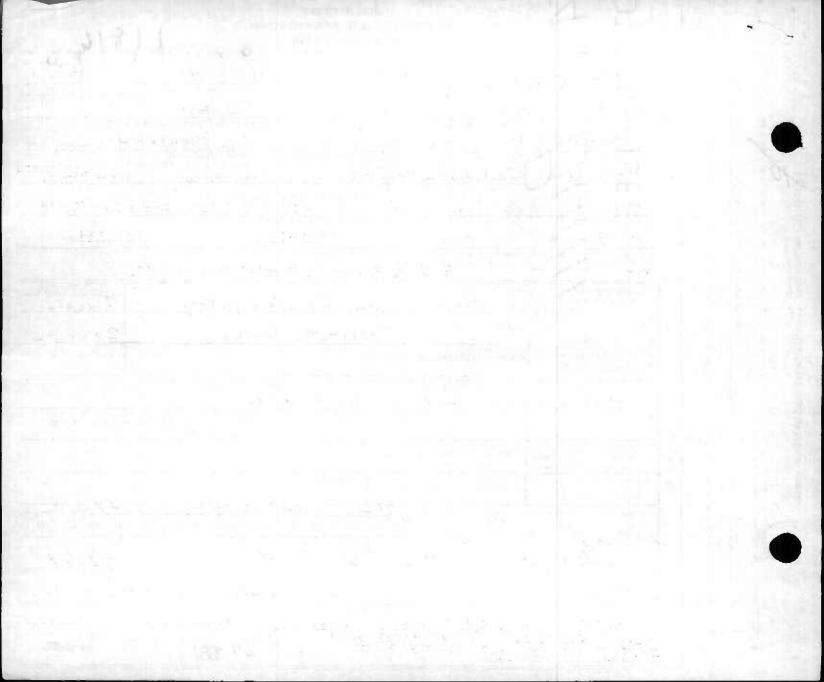
5 1-6 5 1 APR 28	OF STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1.
5 es 3	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH GAY MA (TYPE OR PRINT) Sylvester 1 S. Mattia 4123187	5 3 Amm
ee 4 mar retar, po	3. SEX Male RACE Caucana S. DATE OF BIRTH MONTH DAY YEAR 75 4RS- YRS WONTHS DAY ON TO THE TYPE TO THE TRACE OF BIRTH MONTH TO THE TRACE OF BIRTH TO THE TRACE OF BIRTH MONTH TO THE TRACE OF BIRTH TO TH	ATS HOURS MIN.
the state of the s		ounty MD.
21 Se north	Bethes do (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Supervisor Supervisor Army	RYEngineers Corps.
RYLAND John 24 2 should	Cabin John YES NO S 6601 Seven Locks Roa	
MORE, M	Sylvio Mattia Nicholina Satel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes WW II 579-12-2673 Mary E. Mattia/ Same as # 13.	li
v ST., BALTI certificate b ing physiciar bon papers. r removal. ic event, the	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF	ROXIMATE INTERVAL LEN ONSET AND DEATH
01 W. PRESTOR that the death d by the attendi lease remove co ial, cremotion, o	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions, if ony, which gove rise to immediate the country of the c	
L RECORDS, 2 e low requires no. hos been signe permit. Then p mine prior to but was ony injury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART A HELIOS C LEGATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FIN CERTIFYING CAU YES 100 ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART	IDINGS USED
DIVISION OF VITA NG PHYSICIAN: The offending physicic free rhis certificate as the buriol-transif th and Mental Hygie orked or Item 18 sho	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION	21
TTENDI pital or TOR. A for use of Heal	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 120.1 certify that (I) (this hospital) attended the deceased from 19 1, to 1/2 3 1, 19 1, sow the deceased alive on obove, (I) (we) (did) (did not) view the body of the spoth.	that (I) (we) lost the causes stated
by the hos ERAL DIREC e detoched State Dept.	226 SIGNALINE DEGREE MD ATTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYS	TE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL E should be deto with the Store E IMPORTANT: If	208 Michael Emmer, MD 736. ADDRESS 208 6316 Democracy Blvd., Bethes 236. Name of Cemetery or Crematory 1236. LOCATION 1236. DATE 1236. Name of Cemetery or Crematory 1236. LOCATION 1236. DATE 1236. Name of Cemetery or Crematory 1236. LOCATION 1236. DATE 1236. Name of Cemetery or Crematory 1236. LOCATION 1236. DATE 1236. Name of Cemetery or Crematory 1236. LOCATION 1236. DATE 1236.	
0.0	(SPECIFY) Ruri 21 Apr 25 1987 Cate of Heaven Com Silver Spring	Maryland

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 27 1987

Rockville, Maryland 20850

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



352199 HAY

STATE OF MARYLAND

			D . 642.		101110	
DEPARTMENT	OF	HEA	ALTH	AND	MENTAL	HYGIENE
CF	RT	IFIC	ATE	OF	DEATH	6.7

-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE / REG. NO	1 1 0 1	
I	1. DECEASED NAME FIRST	MIDDI	LE I	AST		NONTH DAY YEAR	26 HOUR
ı	(TYPE OR PRINT) John		McI	Dougal		04 26 87 1	1:53PM^
ı	3. SEX	4. RACE	5. DATE (6. AGE IN YEARS LAST BIRTH		IF UNDER 24 HRS
ı	Male	White	Ju		69	YRS DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY? 8	D MEVER MARRIED	9 BALTIMORE CITY OR Montgomer	COUNTY OF DEATH	MD.
1	10 CITY OR TOWN OF DEATH		PITAL, NURSING HOME (12a. USUAL OCCUPATIO	N 175 KIND O	E BUSINESS OR LOTHRUP
	Olney	Montgom	nery General	Hospital	Traffic Mg	r. Woodwa	rd &
		OR OTHER INSTITUTION, GIVE JNTY nt. S	residence Before Admission) CITY OR TOWN ilver Spring		13e STREET ADDRESS / 2419 Darre	ZIP CODE DW St. 2090	2
	14. FATHER'S NAME FIRST Robert	WIDDIE	McDougal	15. MOTHER'S MAIDEN NA/ FIRST Anna	WE	Fulnas	h
1	160. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17. INFORMANT	ADDRES		
ı	(YES, NO OR UNKNOWN) (IF YES, C	II	304-05-0388	Leota B. M	cDougal San	ne as item #	13
	Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS (c) CONDITIONS CONT	a consequence of		INAL DISEASE OR COND 200 AUTOPSY? YES NO	+6	IGS USED
		CAIR	MONTH DAY YEAR				
	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	220.1 certify that (1) this has sow the deceased align obove 15 the (1) find (2) and (Annu	death.	DECREE ATTENDING PHYSICIAN D	, to	22c DATE	
	Dentormin	HVRV	Wi Him	18111 the	nee Pholy	1 4 Hot 1-14	ohgell.
	230 BURIAL DEMATION REMOVE [SPECIFY] Burial	5/1/87	Parklaw		Rockville		STATE
	24 FUNERAL DIRECTOR JOSEP. NAME 5130 WI A	h Gawler's vŵ NW Wasl	Sons, Inc h., DC 20016	25s DAT	1 - 1987	SE REGISTRAR'S SIGNAT	URE 51

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FURE ALL DIRECTOR AND International Processing of Processing Control of Co MPOSTANT: If hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN, The

69 AT61 6 Ken? 94 T615 66 indoc visit vittare in particular

Mont. Silver Spring a 2019 arrow St. 2030g

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	1

1		REGISTRAR				CERTIF	ICATE OF	DEATH	8 /	REG. NO.		818	1 0	
В		CEASED NAME	FIRST	MID	DLE	l	AST		2a. DATE OF	DEATH MOR	ти в	AY STEAR	2b. HO	R
	· (TIPE	OR BRINTI	Mary	Lou	uise	McD	owell			April	6,	1987	3:10	AM
	3. SE X	(1	RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDA	Y	FUNDER I YEAR	IF UNDER	24 HRS
]	Female		White		Dec.	31	1905	81		YRS	ONINS BAYS	HOURS	MIN.
Ц	7a. BIF	RTHPLACE (STATE	OR FOREIGN 7	b CITIZEN OF WI	HAT COUNTRY?	8.	- 🗆	MARRIED -	9 BALTIMOR	E CITY OR C		OF DEATH		
	Per	nnsylvani	ia	USA	A	WIDOWE		MARKIED -	M	lontgon	nery			MD.
		TY OR TOWN OF E		1. NAME OF HO			OR OTHER INS	TITUTION	12a USUAL O			126. KIND O		
	Si	lver Spr	ing	15301 SUCH	ine Orch	ard Dr. (TYPE OF WORK FOR MOST OF WORKING LIF					* CITE	own home		
	Ma's	AL RESIDENCE (IFN	HONE OF COUNTY		TEVER ISP		13d INSIDE (ITY LIMITS?	13e.STREET A	DDRESS / ZI Pine (rd Dr	09	06
ò	14. FA	THER'S NAME						S MAIDEN NA		TIME) I CHO	ild bis		-
4		William	N	B.	Ackerm	an	M	ary		MIDDLE		Wir	th	
1	16a W	VAS DECEASED EV	ER IN U.S. ARA	MED FORCES? 16	66. SOCIAL SECU	RITY NO.	17 INFORM	ANT	18	34 ^{ADER} OW	avto	n Woods	B Dr.	
	(1	N/A			65-14-10	83	John	W. Wild	le-son	No rwa]	Lk, (Conn.	0685	4
		18 CAUSE OF DE PART I. DE ATH	ATH (Enter only	y one couse per th	e for (a), (b), and	d (c)	0		1 11			APPROX BETWEEN	MATE INTER	VAL DEATH
		PARI I. DEATH	IMMEDIATE		Ketastal	ic	Luce	r of	Colo	r				
١		1 3 7		DUE TO, OR A	AS A CONSEQUE	NCE OF		1						
	1	Conditions, if a		(b)				ν						
		couse (o), sto	oling the	DUE TO, OR A	AS A CONSEQUE	NCE OF								
				((c)										
	z	PART 2. OTHER S	IGNIFICANT C	ONDITIONS <u>CON</u>	ITRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONDITI	on Give	N IN PART 10		
1	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH	OPERATION WAS PERFORMED 200 AU			20a AUTOI	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
1	IFIC					TOTERATION WAS TENTONINED						ING CAUSES		H?
-	CERI	210. ACCIDENT WAS	UNDERLYING	21b. TIME OF I			21c HOW It	VJURY OCCUR	RED (ENTER NATI					
		OR CONTRIBUTING	_	H HOUR A.M.	MONTH DA	Y YEAR								
	MEDICAL	214 INJURY OCC		21e PLACE OF			211_ LOCATI			CITY OR TOWN	-	COUNTY	6.7	ATE
	×	AT WORK AT	WHILE WORK	(AT HOME STREET	I, FACTORY, OFFICE, FA	ARM, ETC)	SINCE			CITY ON TOWN			31	AIL
		27n.1 certify that	(f) (this hospite	al) attended the c			une	19_86	. 10	April_	6, 1	9 87	that (I) (w	(e) lost
		saw the dece	ensed alive on_	April	Frank 19	87	nd that in (my) (our) opinion	deoth occurred	on the date of	and hour	and from the	couses sto	ted
		27k NONATURE	. /~	11	10		DEGREE					224 DATE	SIGNED	
		tu	bery	. (No	lesh 1	u, d	_	PHYSICIAN PHYSICIAN	DIRECTOR [STAFF PHYSICIAN		Apr.	6, 1	987
			NAME (MIC	PRINCES	rn.		77e ADDRE	SS Chadre C	rovo D.	d C	ito	207		
		// Jul	es R. I	odish, M	ID		μ3223	Shady C	Grove Re	n., 2ff	aith	ersburg	, Md	•
		URIAL, CREMATIO SPEC Cremati		23b. DATE			EMETERY OR		23d. LOCAT	RTOWN		COUNTY	.51	ATE
		Cremat1	.011	4-6-198	3/ Het	ropol:	itan C	remator	y Alex	andria			Va.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the burial-tronsit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

IMPORTANT: If Hem 21 is morked on the

74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

11800 N.H. Ave. Sifver Spring, Md.

REGISTAR SIGNAPELLE APR REC'D

4/10

Metalite Charles of illa-

The R. P. L.

511	9 6 APR 2	2 18-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTI	MARYLAND H AND MENTAL HYGI E OF DEATH	ENE REG. NO.	11,819.
offer deoth. Poge 4 may be	the funeral director, page 3 d with rest hours after death	3 SE 7a B M1	CEASED NAME OR PRINT) EPIC X MAIC RITHPLACE (STATE OR FOREIGN COUNTRY) COLLING ITY OR TOWN OF DEATH	4. RACE White The CITIZEN OF WHAT COUNTY SA 11. NAME OF HOSPITAL, NUE JEFNOT INSUCHJACILITY GIVEST	RY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	20. DATE OF DEATH MO 4. AGE (IN YEARS LAST BIRTHO) 56 9 BALTIMORE CITY OR C 120. USUAL OCCUPATION (IYPE OF WORK FOR MOST OF W	YRS DATS HOURS MIN. COUNTY OF DEATH CONCRY ME 12b. KIND OF BUSINESS OR
AORE, MARYLAND 21201 executed within 24 hours	n and completely filled in by Poges 1 and 2 shares to file	13a. :	ATHER'S NAME FIRST Lester NAS DECEASED EVER IN U.S. A	Missie McGo	OWAN 13d II YES 15. M	NO DOTHER'S MAIDEN NAM	ADDRESS	000.1
S. 201 W. PRESTON ST., BALTI	is d by the offending physicion in please remove carbon papers. Paurial, cremotion, or removal.	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Couch au QUENCE OF My Ease QUENCE OF Faitable (RELATED TO THE TERMI	u' Sleach NAL DISEASE OR GONDIT	4
DIVISION OF VITAL RECORDS	offending physican the the certificite has been as the burial transit permit fla th and Mental Hygiere prior to acked or term \$ share, any inju-	MEDICAL CERTIFICATION	DALLY CALL HE DATE OF OPERATION 21a ACCIDENT WAS INCURETED OR CONTRIBUTING OF BUILDING THE STANDARD THE STANDARD OF BUILDING	IN CONDITION FORWARD III TIME OF INJURY HOUR A.M. MONTH	UAY YEAR 19 711 1	S PERFORMED		Ob IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATHY
TO HOSPITAL OR ATTENDI	TO FUNERAL DIRECTOR. A should be detached for user with the State Dept. of Hoolt MADORTANT, if them 21 is mis	730	saw the deceased alive a obeve, (I) (we) (did) (did not see that the s	Could Selve Spry	DEGRI	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	ond hour and from the couses stated The DATY SIGNED AS L Franklin Sy

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
Hines / Rinaldi Funeral Home

23b. DATE

4-21-1987

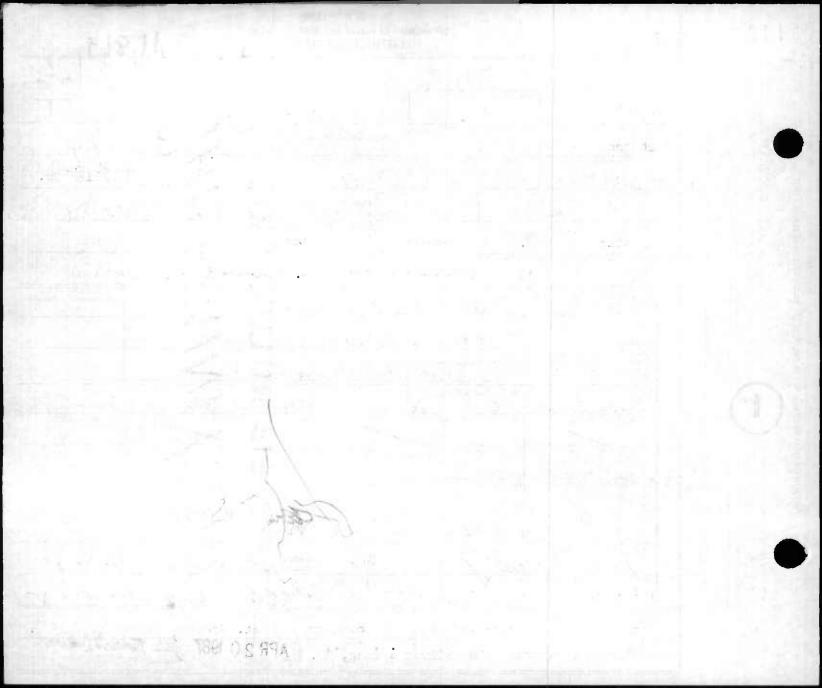
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

11800 N.H. Ave. Strever Spring, Md.

Church Cemetery

23d LOCATION
St. Georges Island 231. NAME OF CEMETERY OR CREMATORY

Md.



	STATE OF MARYLAN
OR .	DEPARTMENT OF HEALTH AND ME
TATE	CERTIFIC ATE OF DE

PER DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DATE (IMPEOR PRINT) SADIE D. MEYERS ATTILIZED, 1987 3. SEX (4 RACE S. DATE OF BIRTH 6. AGE (INVERS LAST BIRTHDAY) IF	VY YEAR 25 HOUR
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DA (TYPE OR PRINT) SADIE D. MEYERS APRIL 21, 1987	
SADIE D. MEYERS April/21, 1987	
3 0 0	Q 1:15p.
T NACE 13. DATE OF BIRTH	FUNDER 1 YEAR IF UNDER 24 HRS
MONTH DAY YEAR	ONTHS DAYS HOURS MIN.
Female White June 6, 1899 87 YRS 70. BIRTHPLACE ISTAIR OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 79. BALTIMORE CITY OR COUNTY OF COUNTY	DE DE ATU
COUNTRY) MARRIED NEVER MARRIED	JF DEATH
New York U.S.A. WIDOWED X DIVORCED Montgomery Coun	
I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) { TYPE OF WORK FOR MOST OF WORKING LIFE}	12b. KIND OF BUSINESS OR INDUSTRY
Bethesda Grosvenor Health Care Ctr. Clerk (Retired)	U.S.Gov't.
Waryland 136. COUNTY 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 136. STATE 136. COUNTY 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 5225 Pooks Hill	(20814) Rd.,#528N
14. FATHER'S NAME FIRST MODE LAST FIRST MIDDLE	
Nathan Deutch Esther	Klein
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Bethesda, Md	
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Bernessa, Md 17 INFORMANT Bernessa, Md 578–32–8302 Elinor Meyers; 5225 Pooks Hill	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PSPIRation Preumon to	2-d 14-40.
0 0 0	1 9
DUE TO, OR AS A CONSEQUENCE OF	1
Conditions, if ony, which (b) gove rise to immediate	
couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost.	
IC)	
TAND 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONDITION GIVEN	perteusces
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
YES NOW YES 1216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	NO
HOUR AM MONTH DAY YEAR	ITTORPART2)
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING PAGE OR CONTRIBUT	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
AI WORK AI WORK	
220.1 certify that (1) Ithis haspital) attended the deceased from 2/1, 19 0 4/2/ 19	9 Thot (I) we) lost
sow the deceased alive and the date and hour condition of the date and hour conditions are some source. (1) [we) (did) (did not) yiew the body often death.	and from the couses stated
SOUTH IN THE HOLD IN THE PORT OF THE PORT	22C DATE SIGNED
22b. SIGNATURE DEGREE	
226. SIGNATURE DEGREE ATTENDING / MEDICAL STAFF	4/21/8)
226. SIGNATURE THE COLOR MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1 4/21/8) 1 and 20910
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	land 20910 06A; Silver Spri
276. SIGNATURE 276. SIGNATURE CLOSE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	

DHMH - 16 60M 7/84

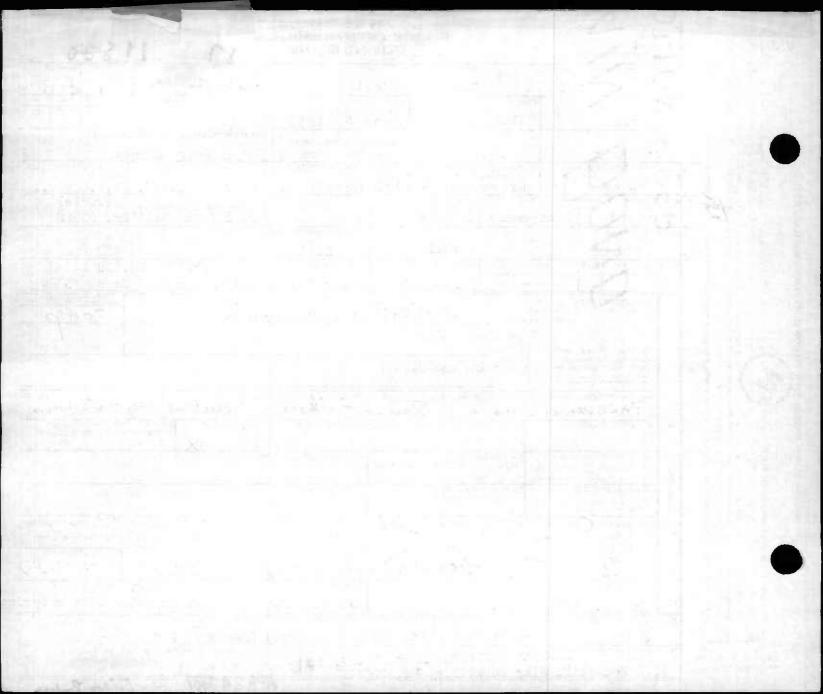
(VRA 15, 4)

74. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS
1170 Rockville Pike; Rockville, Md. 20852

Adelphi; P.G.; Maryland

C'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mt. Lebanon Cemetery

Julia Davidson Pa



in that the death certificate

ATTENDING PHYSICIAN, The low

O HOSPITAL

this certificate has been signed by the attending physici

unal, crematian, or remavok

as the buridistransi permit. Then thand Mental Hygiene prior to b

	1-	FOR STATE REGISTRAR	EUR HARRIS	DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HY STIFICATE OF DEATH	GIENE REG. NO	1 1 8 2 1	
	1. DECEASED NAME FIRST (TYPE OR PRINT) SV4 V1 A			3JODIE	TEYERS	20 DATE OF DEATH MONTH DAY YEAR 26 HOURS		
PR	3. SEX	87 EMALE	4. RACE WHITE	M(TE OF BIRTH DAY DAY 9/19 YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.	
7	N	RTHPLACE (STATE OR EORE REW YORK	u. s.	A. WIDO	RIED NEVER MARRIED	9 BALTIMORE CITY OR MONT GOMERY	COUNTY MD.	
0	S	TY OR TOWN OF DEATH	G 2013 G	LENHAVEN PLA		12 INSURANCE PROCESSOR	WORKING LIFE) 12b. KIND OF BUSINESS OR CETCO INS. CO.	
5	130 S		MONT GOMERY	GIVE RESIDENCE BEFORE ADMISSING STLVER SPRI	NG YES NO NO	13 STREET ADDRESS / 2013 GLENH,	AVEN PLACE 20902	
2	B	THER'S NAME BENJAMIN	MIDDLE	MAEMAN	MINNIE	MIDDLE	PRUSKIN	
1	160 W	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	054-09-1826		ERS, SILVER		
27	ATION	Conditions, if ony, we gave rise to immed couse (0), stating underlying cause	DUE TO, OI thich (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	R AS A CONSEQUENCE O	F F BUT NOT RELATED TO THE TER		206. IF YES, WERE FINDINGS USED	
	MEDICAL CERTIFIC	3 1 /	SE OF DEATH HOUR A.I EXAMINER) P.J 21e. PLACE	M. MONTH DAY YE M. OF INJURY REET, EACTORY, OFFICE, FARM, ETC e deceased from	AR 19 211 LOCATION STREET	RRED (ENTER NATURE OF INJURY CITY OR TOW 1. to 15	152,083	
/		22d PHYSICIAN'S NAM WAYYC	4.219	M.D.	9801 gen	MEDICAL STAFF	aspy Mrs	
	BUI	BURIAL, CREMATION, RE STAL NALDOIMSTOSTE 2 CARROLL S	4/16/1 IN HEBREW M	71.0=11	RAL HOME 250 DA	dens deney,	MONTGOMERY, MARYLAN' TRACES SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. with the State Dept. of He MPORTANT, If Nem 21 is

-444 51/4 118 O WHE Many Walley Michael 13 4 mily 134 18601

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital ar attending physician letely filled in by the funeral director. d 2 shauld be filed within 72 hours offi

STATE OF MARYLAND	
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1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 3							
		FIRST	WIDDLE	m,	1/eR		MONIH	DAY YEAR	2b. HO	
3. SEX FEMALE		4. RACE WHIT	4. RACE S. DATE OF BIRTH APRIL PAY 1900			6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	
	RTHPLACE (STATE OR FOR	7b. CITIZE U. S	N OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED A	9. BALTIMORE CITY O	R COUNT	Y OF DEATH CO	OUNT	
10 CI	Bethesda		E OF HOSPITAL, NURSING IN SUCH FACILITY DIVE STREET		Hospital	120 USUAL OCCUPATION OF THE CONTRACT OF THE CO	WORKING LI	(FE) INDUSTRY LIQUID		
	AL RESIDENCE (IF NURSING	MONTGOME			13d. INSIDE CITY LIMITS?	130.STREET ADDRESS A	VDER	LANE	209	
14 FATHER'S NAME PHILTP MIDE			HOROWIT		15. MOTHER'S MAIDEN NAM CHAI FIRST	ME	(UN	VASCERT?	INAE	
160 W	WAS DECEASED EVER IN	U.S. ARMED FORG			PHILIP MILL	ER, 815 ALVER		R LANE NG, MAR	YLANI	
	18 CAUSE OF DEATH	Enter only one cau	se per line for (a), (b), gn	nd (c1.)	/	- 0. 0		APPROX BETWEEN	IMATE INTE ONȘET AND	
	Conditions, if ony, we gave rise to immed couse (a), stating	DUE hich diate	TO, OR AS A CONSEQU	enct of Blage	congests Renal	se hea	e			
CATION	Conditions, if any, we gave rise to immediately course to make underlying cause	DUE which diote the lost. DUE CANT CONDITIO	TO, OR AS A CONSEQUE	PENCE OF BEATH BUT N		Jackese Jac	20b. IF YE	VEN IN PART 1:	NGS USE	
CERTIFICATION	Conditions, if any, we gave rise to immedicate (a), stating underlying cause PART 2 OTHER SIGNIF	DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO CONTRIBUTING TO	ENCE OF BEATH BUT N H OPERATION		200 AUTOPSY? YES	20b. IF YE IN CERTI	S, WERE FINDING CAUSES	NGS USE OF DEA	
MEDICAL CERTIFICATION	Conditions, if any, we gave rise to immedicate (a), stating underlying cause PART 2 OTHER SIGNIF 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	DUE which diate the lost. DUE CANT CONDITION LYING 196. C LYING 176.	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	ENCE OF BEATH BUT P OPERATION AY YEAR 19	I WAS PERFORMED	200 AUTOPSY? YES	206. IF YE IN CERTI Y	S, WERE FINDING CAUSES	NGS USE	
CAL	Conditions, if any, we gave rise to immedicate (a), stating underlying cause PART 2 OTHER SIGNIF 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTHEY MEDICAL 21d. INJURY OCCURRET WHILE AT WORK 22a.1 certify that (1) (the saw the deceased	DUE which diate the lost. ICANT CONDITIO IVING 196. C IVING 176. T JOSE OF DEATH EXAMINER) TO 216 P (AT HO alies hospital) ottens dive on	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	ENCE OF BEATH BUT N H OPERATION AY YEAR 19 FARM ETC)	216. HOW INJURY OCCURR	200 AUTOPSY? YES NOXX RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YE IN CERTIN Y	ES, WERE FIND IN IFYING CAUSES ES PART I OR PART ?} COUNTY	NGS USE OF DEAT NO	
CAL	Conditions, if any, we gave rise to immedicate (a), stating underlying cause PART 2 OTHER SIGNIF 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALLIFE ETHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL 22d. 1 certify that (1) (the	DUE which diate the last. ICANT CONDITIO IVING 21b. T USE OF DEATH EXAMINER) ITS IN THE CALL THE EXAMINER ITS IN THE CALL THE INTERIOR THE CALL THE INTERIOR THE CALL THE INTERIOR T	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	ENCE OF BEATH BUT N OPERATION AY YEAR 19 FARM ETC)	216. HOW INJURY OCCURR 211. LOCATION STREET d that in (my) (our) aprining of PHYSICIAN 22e. ADDRESS 14820	YES NO XX RED (ENTER NATURE OF INJUI CITY OR TO THE DICAL STAI DIRECTOR PHYSIC PHYSICIANS	20b. IF YE IN CERTILY Y RY IN ITEM 18 One and had	ES, WERE FIND IN IFYING CAUSES ES PART I OR PART ?} COUNTY	NGS USE OF DEA NO [
MEDICAL	Conditions, if any, we gove rise to immediate to immediate to immediate to immediate to immediate the course (a), stating underlying couse PART 2 OTHER SIGNIF 19a. DATE OF OPERATION 21d. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTHEY MEDICAL 21d. INJURY OCCURRED AT WORK 21d. INJURY OCCURRED AT WORK 22o.1 certify that (I) (If saw the deceosed obove, (I) (we) (did the county of the county o	DUE which diote the lost. ICANT CONDITIO IVING 21b. T ISE OF DEATH EXAMINER) ISE OF DEATH EXAMINER ISE OF DEATH E	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE	ENCE OF BEATH BUT N H OPERATION AY YEAR 19 FARM ETC)	216. HOW INJURY OCCURR 211. LOCATION STREET d that in (my) (our) aprining of PHYSICIAN 22e. ADDRESS 14820	200 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJUI CITY OR TO CITY OR TO DEDICAL PHYSIC PHYSICIANS LLE, MARYLA	20b. IF YE IN CERTILY Y RY IN ITEM 18 Ote and had EFF LANE ND	COUNTY 1920. DATE 22c. DATE	NGS USE OF DEA' NO [

WASHINGTON,

D. C.

DHMH - 16 60M 7/B4 (VRA 15, 4)

CARROLL STREET, N. W.,

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

050

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STATE OF MARYLAND	RYLAND
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	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
	T STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO. 1	8 2 3
	I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR
	Charl	95	Miller	April 8,	1987 5:55P M
	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Male	White	Nov. 29, 1917	69 YRS	MONTHS DATS HOURS MIN.
7	TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
٤	Massachusetts	U.S.A.	WIDOWED DIVORCED	Montgomery Cou	inty MD.
ď.	10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
-	Olnev	Montgomery Gen		Mech. Engineer (Re	
ALC:	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	•
)	20 7 7 7		Spring YES & NO []	605 Windmill Lar	
×	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
)	Joseph	Miller	Mildred	WIDDLE	Mason
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRESS	ng,Md. 20904
	(15 YES, GIVEN NO TO THE TEST OF THE TEST	VE WAR OR DATES) 022-14-8	238 Lillie D Mi	Sprin 11er:Wife:605 Wir	19,14. 20904
				TIEL, WITE; 005 WIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		nly one couse per line or (o), (b), at ED BY:	a tone staile	~1	45 minutes
	IMMEDIA	TE CAOSE (O)		7-1	0
	Conditions, il ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	when have	1000
	gove rise to immediate couse (a), stating the	(6)			1
	underlying couse fost	DUE TO, OR AS A CONSEOU	IENCE OF	V	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 1(o)
P	19a DATE OF OPERATION 17a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
1	HE LE			YES NOTH YE	YING CAUSES OF DEATH?
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 7)
			AY YEAR		
	OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY DEFICE.	FARM ETC) STREET	CITY OR TOWN	COONIA
ı		tal) attended the pleceased from	7 April 1987	10 Y 190 W	19 7 - that (I) (we) lost
	a deceased alive on	of why the badyafter death.	ond that in (my) (our) opinion	death occurred on the date and hou	r and from the couses stated
١	ATURE	of very file body/after death.	DEGREE	/	22c. DATE SIGNED
d	Ranald	A. Kepiusta	M.D. ATTENDING PHYSICIAN E	MEDICAL STAFF	PA - by
+	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	_ DIRECTOR _ PHISICIAIN _	1. Milmor)
	RONALD H.	USCINSKI, M.D.	. 7960 Old Geo:	rgetown Rd.; Bethe	esda. Md. 20814
-	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	20014
	Burial		rbeck Memorial Gdn		mery; Maryland
			ORLAL CHAPELS 250 DA		

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked on Hern Response only injury, or other troumotic event, the

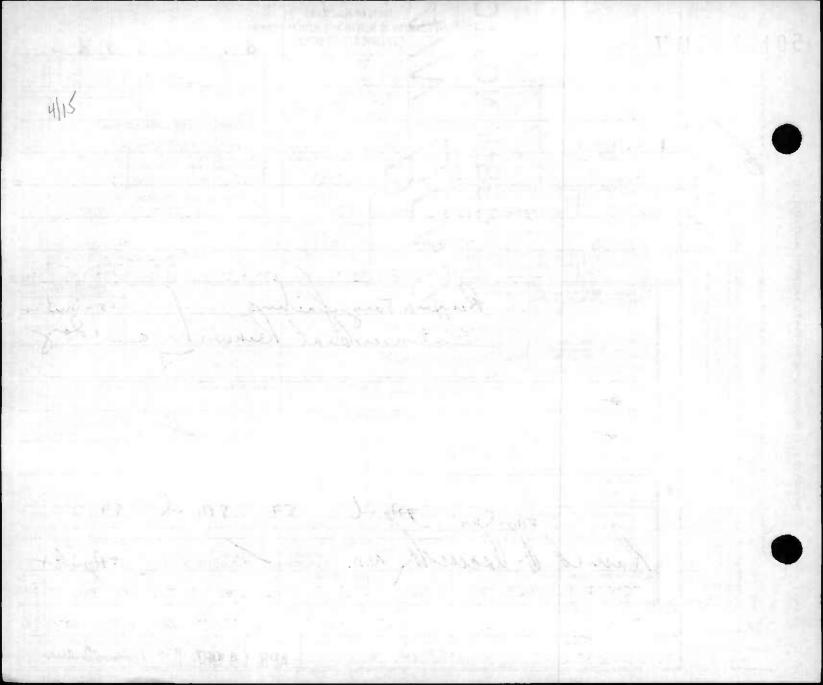
retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

1170 Rockville Pike; Rockville, Md. 20852

APR 141987 1. Tinder Pendell



ony injury, or other troumotic event, the medico

MPORTANT: If Item 21 is marked or Item,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon-papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

etoined by the hospital or attending physician

BP.

	500				FMARYLAND					
1.	FOR STATE		DEPARI		TH AND MENTAL	HYGIENE	,	2 3		1
LIDE	REGISTRAR CEASED NAME	FIRST	MIDDLE	LAST	AIL OI DEATH	5	REG. N		0 4	4
	OR PRINT)	FIRST	MIDDLE	A 1 1 1		20. DA	IE OF DEATH	MONTH DA	YEAR	26 HOUR
	B	054	М.	Mill	28			4 9	87	12 AM
3. SE	× E	4. RACE		5. DATE OF B	IRTH YEAR	6. AGE	(IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	emale	CAU	CASICAL	6	30 189	8	80	YRS		
	IRTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY	8. MARRIED L	NEVER MARRIED	9 BAL	IMORE CITY C	OR COUNTY	OF DEATH	
M	laruland	11-	S.A.	WIDOWED		O Mo	intagme	711		MD.
10. €	ITY OR TOWN OF DEAT		OF HOSPITAL, NURSI		THER INSTITUTION	120 US	UAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
1	sethosdia	5	buchan	4 1	rital		nemaker	,		nemaker
	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTIT	13c. CITY OR TO		I. INSIDE CITY LIMIT	S2 113e STR	EET ADDRESS	/ 7IP CODE		
Ma	ruland h	lantaomery			ES NO	901		er Aven	1110	20901
14. FA	ATHER'S NAME				MOTHER'S MAIDEN					
0	John	WIDOLE	Much		Maru		B.		V IAS	
16a V	VAS DECEASED EVER IN	U.S. ARMED FORCE	ES? 166. SOCIAL SEC		INFORMANT .	1.4.4	n-law DR	ESS 02 00	Kne	
- (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR OA		2016						16.
	no i		219-46-		rene Clar	rey	Sili	ier Spr		MATE INTERVAL
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one cous S CAUSED BY:	e per line for (o), (b), o		one Fai	1.0			BETWEEN	ONSET AND DEATH
	1	MMEDIATE CAUSE	, carcior	edpice !	oy ice	myre				
		DUE T	O, OR AS A CONSEOL	JENCE OF	1-1-	n .	1			
	Conditions, if ony,		b) Metas	tehic	Colou 1	ahe	1			
	gove rise to imme couse (o), stoting	the DUET	O. OR AS A CONSEQU	JENCE OF						
	underlying couse	last.)							
	PART 2. OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINAL DI	SEASE OR CON	DITION GIVE	N IN PART LIC	0
CERTIFICATION										
A	190 DATE OF OPERATI	ON 196 C	ONDITION FOR WHICH	HOPERATION W	AS PERFORMED	20a	AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
E E						YES	NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
E.W.	21a. ACCIDENT WAS UNDE	RLYING 716. TI	ME OF INJURY	121	c. HOW INJURY OC		_		I I OR PART 2)	по
	OR CONTRIBUTING CA	OSE OF DEATH		DAY YEAR		(210	EN INATORE OF HAYO			
MEDICAL	(IF EITHER NOTIFY MEDICA		P.M.	19						
MEC	WHILE NOT WHILE	(AT HO	ACE OF INJURY AE, STREET, FACTORY, OFFICE,		I LOCATION STREET		CITY OF TO)wN	COUNTY	STATE
	MHILE NOT WHILE AT WORK			/	/	2-7	1	<u> </u>	-03	
	22e. I certify that (I) (6.11	the deceased from.	E-prints	19	, to.	47	7	8/	that (It (we) lost
	sow the deceased	olive on ti (did not) view the	oody after death.	ond th	not in (my) (our) opi	nion death oc	curred on the d	ote and hour	and from the	causes stated

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PR

22e ADDRESS

Robert HARDI MD	2440 M	Sh. NW	Wash. D.C.	20037
23e. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION		

Burial
24. FUNERAL DIRECTOR
NAME

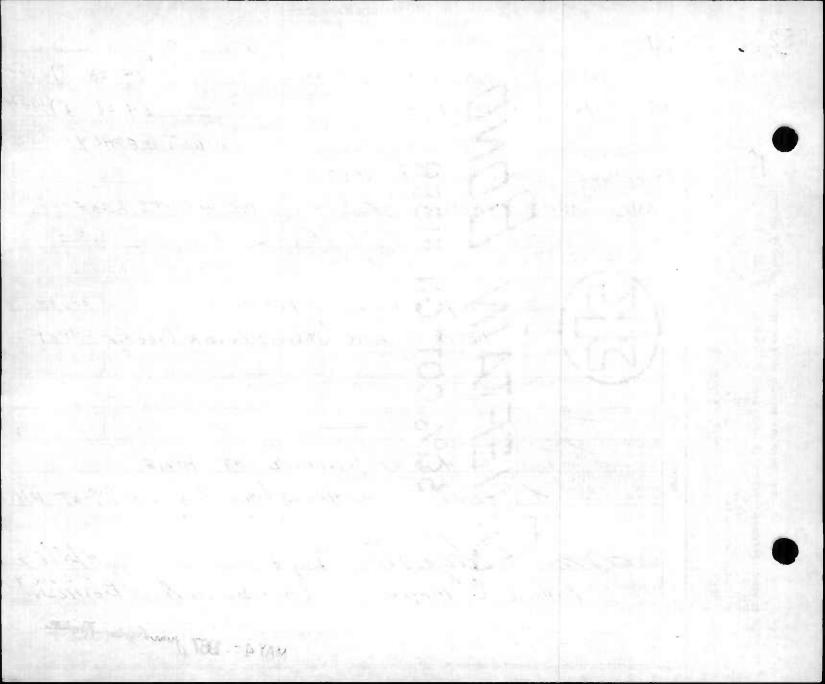
Lincoln Cemetery Brentwood Prince Georges
r. 1250. DATE REC'D. BY REGISTRATE SIGNATURE 1

Pring. Md. 20901 PR 1498

DHMH - 16 60M 7/B4 (VRA 15, 4)

Francis J. Colbins, Jr. Blud West, Silver Spring

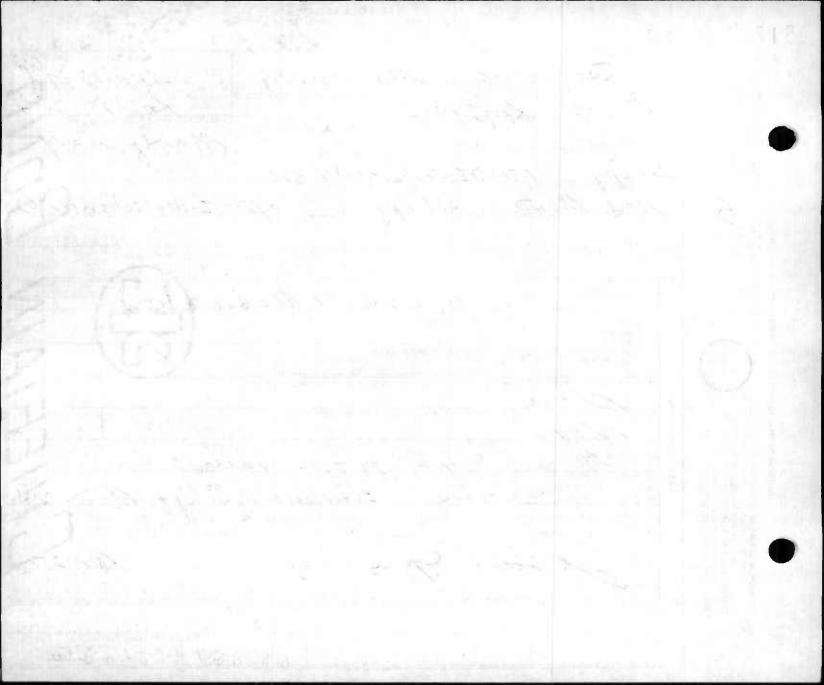
Constitution for the lange 78/8/4 Robert HARDI no The second secon



(VR A15 ME (5))

Dividen Pandall

STATE OF MARYLAND



		FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HY	GIENE			
-	1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10 1	8	21
11		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	(TYPE	OR PRINT)	Mari	.on	Aileen		Moore	April 5	. 1987		12:25a
	3. SEX	<		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	F	emale		Whit	e	Apri	1 13, 1929	57	YRS.	DAYS DAYS	HOURS MIN.
4	7a. BIF	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		FDEATH	
		ew York		USA		WIDOWE	NEVER MARRIED DIVORCED	Montgome	rv Cour	itv	W
Z		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET The Clini	IG HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPAT	ON OF WORKING LIFE)	12b. KIND C	OF BUSINESS OF
Ŧ,	SUA	AL RESIDENCE UF NUR	SING HOME OR	OTHER INSTITUTION.			rencer	Homemake	r ·	Own	nome
1	Ves	t Virginia	118h.d OHN	teley	Martinst	N	13d. INSIDE CITY LIMITS? YES NO 🔯	Rt 2, Box		925	401
۲,	MAJEA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LA	ST
2		Earl			Bucklin		Joy			Garri	son
3		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		Rt. 2, Box Kenneth C.	208A, Marti Moore, Husl	insburg		t Virgin
		Canditians, if any gave rise ta im cause (a), stati underlying caus	v, which imediate ng the	(b)	R AS A CONSEQUE CARDIO R AS A CONSEQUE MUNCAU	ENICE OF	, SHOCK	4)		2m	ionths ouths
	NO	PART 2 OTHER SIG	NIFICANT	ONDITIONS CO			NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	V IN PART I	ia:
	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
-		710 ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	1111	M. MONTH DA	YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	ORK DRK		PEET, FACTORY, OFFICE, F		ZII LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		saw the decea	sed alive on		1 5 19 8	Febr	uary 6, 19 87 and that in Xmy) (our) opinion	ta April of death accurred on the d	late and haur c		thaX(I) (we) last causes stated
		276. SIGNATURE	rt C	· 20	Prins	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA ☐ DIRECTOR ☐ PHYSIC		171. DATE 4/5	SIGNED -
1		Pas Rabis	AME (TYPE O	POBE	ETC.			ional Instit			
	230 R	LIDIAL CREAMATION	DEMACUAL	224 DATE	72. N	TAME OF C	EMETERY OR CREMATORY	1224 LOCATION			

DHMH - 16 60M 7/84

(VRA 15. 4)

23b. DATE

Rockville Pike, Bethesda, Maryland 20892

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23d. LOCATION CITY OF TOWN

April 8,1987 Rosedale Cemeters Date Rosed 1 Berkeley W. Va 24. FUNERAL DIRECTOR MartinsburgosesWest Virginia Rosedale Funeral Home Rt.7, Box 210A

e Prose ATT CAMPAGE CHAIR TO

	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	REG. NO.	1 3	2 8	
	MIDDLE	ı	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	_
		mi	DRRIS		4	30 87	8.22 b	м
VHITE	ITE S. DATE C		DE BIRTH L 15 DAY 1904	6. AGE (IN YEARS	LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HR	_
1. S. A. WIDOWED NEVER MARRIED NEVER MARRIED NEVER MARRIED				9. BALTIMORE O	toon	ery Co	The second second second	MD.
	HOSPITAL, NURSING FACILITY, GIVE STREET		405/ Ital	HOUSEW	LUPATION LAST OF WORKING		DE BUSINESS C HOME)K
ERY	GERMANT	DWN	13d. INSIDE CITY LIMITS?	13e.STREET ADD		DSHIRE W		
E	Loifens	eld	15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	ME	ata	Kasmi	51	
FORCES? FOR DATES)	213-74-3		STANLEY H.	MORRIS,	APPESSO H	HEREFORD TOWN MA	SHIRE U	VΑ
e couse per : AUSE (o)	line for (a), (b), and	2DIA	C ARREST				ONSET AND DEAT	н
DUE TO, O	R AS A CONSEQUE	NCE OF	ARDIOMVOP	ATHY		44	eas	
DUE TO, O	r as a conseque	NCE OF						
DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	R CONDITION C	SIVEN IN PART 1	10	

couse (o), stating DUE TO, O underlying cause 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

MONTH DAY YEAR

HOUR A.M.

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

NON

COUNTY STATE

NO [

206 IF YES. WERE FINDINGS USED

YES |

IN CERTIFYING CAUSES OF DEATH?

sow the deceased alive an above, (1) (we) (did) (did no view the body after death

RUTH

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)____

WHITE

76. CITIZEN OF

U. S. 11. NAME OF

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

structul pulmoner

LINCOLN MICHAEL

MD

10313Geografie Silvers

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

23a BURIAL, CREMATION, REMOVAL BURIAL

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

FEMALE

CRUSSIA

14 FATHER'S NAME

70. BIRTHPLACE (STATE OR FOREIGN

18 CITY OR TOWN OF DEATH

Samuel

Conditions, if any, which

gove rise to immediate

19a DATE OF OPERATION

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

(YELLD) OR UNKNOWN)

USUAL RESIDENCE & IF NURSING HOME OR OTHER INSTITUTION

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

3. SEX

page 3

filed

5

CERTIFICATION

23b. DATE 5/3/1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

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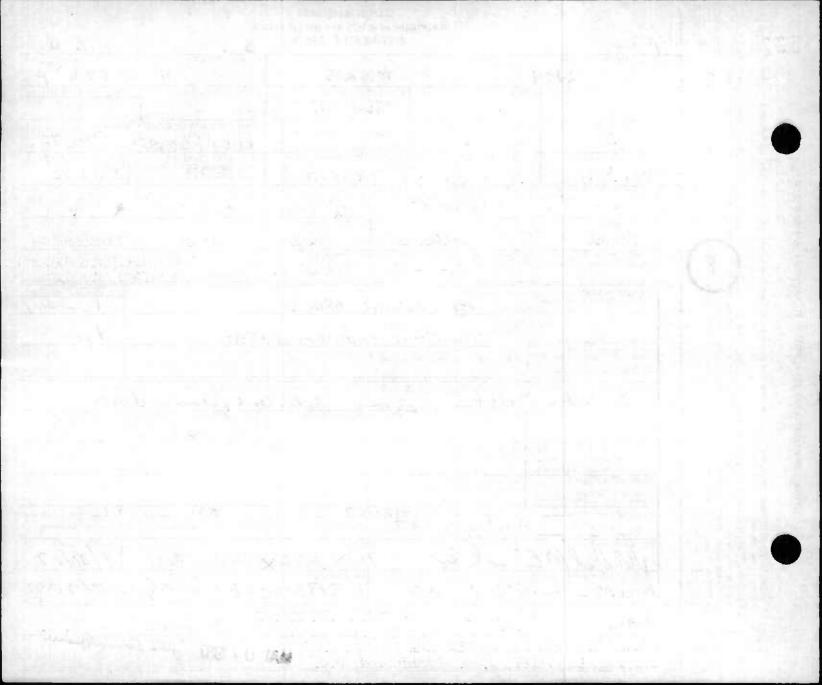
BP.

FUNERAL DIRECTOR: After this certificate has been wild be detached for use as the burial-transit permit. In the State Dept. of Health and Mental Hygiene prior

If Item 21 is

MPORTANT

24 FUDUNALIDIM. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D.C.



3

STATE OF MARYLAND

R	D 0	REGISTRAR						REG. N		13	1 10
		CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HO
	(TYP)	E OR PRINT)	ED	WARD RIE	SSELL MO	RRISON	I. SR.	APRIL 1	1987		6:4
	3. SE	X		4 RACE	DDLLL IIO	5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDE
		MALE		CAUCAS	TAN	MONT	OBER 6 1928	58		MONTHS DAYS	HOURS
	₹n B	IRTHPLACE (STATE)	OR SORSION		WHAT COUNTRY		OBER 0 1920	9. BALTIMORE CITY (YRS	OFDEATH	
556		COUNTRY)	JR FUREIGN			MARRIE	D NEVER MARRIED		_	OFDEATH	
22	Name of Street	ENTUCKY			D STATES			MONTGO		COUNTY,	
21		BETHESDA		(IF NOT IN SUC	NAVAL HO	SPITAL	OR OTHER INSTITUTION	Retired Sr. Master		126. KIND C INDUSTRY U.S.A	
7/	130.	ALRESIDENCE (IF NO STATE UTH CAROL]	138 COUN	OTHER INSTITUTION, ITY RCHESTE	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS			294
1/8)4. F/	ATHER'S NAME FIRST		MIDDLE RNET MOI	RRISON		15. MOTHER'S MAIDEN N. FIRST MA	RY MATT SHAI	RP	LA!	
6 1		WAS DECEASED EVI			16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR			
16		YES, NO OR UNKNOWN)		0 1 0 7 1	270 24	7612	DODOTHY A	MODDICON 11	MADT	CONT ATT	STITIE
1	18 CAUSE OF DEATH (Enter o						LADSON, SC		MADI	SUN AVE	MATE INT
ramolic eve		Canditions, if a	IMMEDIAT	DUE TO, OI	R AS A CONSEOU		ED LYMPHOMA				
Nory, or other traumatic eve	NO	Canditions, if an gave rise to i couse (a), sta underlying cou PART 2 OTHER SI	ny, which mmediate ting the use last	(c)	NODULA R AS A CONSEOU	R MIXE	ED LYMPHOMA	MINAL DISEASE OR CON	IDITION GIV	/EN IN PART 11	0
ows ony injury, or other traumatic eve	TIFICATION	gave rise to i couse (a), sta underlying cau	ny, which mmediate ting the isse last	DUE TO, OI (c) CONDITIONS CO	NODULA R AS A CONSEOU DINTRIBUTING TO	R MIXE		20a AUTOPSY?	206 IF YES	ZEN IN PART 10	NGS USE
hem 18 shows ony mary, or other traumatic eve	ICAL CERTIFICATION	gave rise to i couse (a1, sta underlying cau PART 2 OTHER SI	ny, which mmediate ting the see last. GNIFICANT CONTROL OF THE CO	19b, CONDITIONS CO	NODULA R AS A CONSEOU DITION FOR WHICH FINJURY M. MONTH I	R MIXE UENCE OF DEATH BUT H OPERATIO	NOT RELATED TO THE TER.	20a AUTOPSY? YES NOTO	206 IF YES	S, WERE FINDIF FYING CAUSES	NGS USE OF DEA
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUMERAL DIRECTOR After this certificate has been unnear

57.881

CTATE OF MADVI AND

Moses

STATE OF MARTLAND								
EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE			
CE	RTI	FICAT	E OF	DEATH				

Moses

ENE	-1	- 1	1	9
0	REG.	NO.		-
20 DATE	OF DEATH	MONTH	DAY	3

REG. N	0.	1	8	3)
DEATH	MONTH	DAY	YEAR	26 HOL	IR F
30,	1987			10:	10
EARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
76	YRS	MONTHS	DATS	HOURS	MiN.

Male	White	October 11, 1	
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIE	D 🗆
West Virginia	United States	WIDOWED DIVORCE	D D

9. BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County 120 USUAL OCCUPATION

Electrician

MIDDLE

April 6 AGE (INY

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

G. S. A

CITY OR TOWN OF DEATH Silver Spring

OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Montgomerv

Charles

Charles

13c CITY OR TOWN Silver Spring

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES X NO F 15. MOTHER'S MAIDEN NAME

FIRST

13e STREET ADDRESS / ZIP CODE # 24 3626 Pear Tree Lane

20906

Maryland 14 FATHER'S NAME

CERTIFICATION

MEDICAL

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

MIDDLE Charles

LAST Moses 166 SOCIAL SECURITY NO

3626 Pear Tree Lane, #24

Μ.

Nina 17. INFORMANT

LAST Raad

(YES NO OR UNKNOWN) No

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

162-16-3865A

Adele J. Moses ,

Same as 13

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse

18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c)

IMMEDIATE CAUSE (o)

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET FACTORY OFFICE, FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NO. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

21f LOCATION

COUNTY STATE

NOT WHILE

220.1 certify that (1) (this heapital) attended the deceased from MIC and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

sow the deceased alive an ARL 4 obove, (1) (and) (did not) view the body after death 226 SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DALI SIGNED

22e ADDRESS

STATE

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

ild be detoch the Stote De

MPORTANT

and Mental Hygie priof-transit 18%

20

230. BURIAL, CREMATION, REMOVAL Cremation

23c NAME OF CEMETERY OR CREMATORY May 1, 1987 Metropolitan Crematory Alexandria.

DEGREE

CITY OF TOWN

Virginia

24 FUNERAL DIRECTOR Richard Rapp, Inc. P. O. Box 43352,

Washington, DC 20010



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and certified in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, at ather traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	8 7	REG. NO	1 1	8 3		
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	1	AST	20. DATE C	F DEATH A	AONTH DA		26 HOU	JR
ED17	H		M	OSHER			4 12	2 87	10:0	00 ^A M
3. SEX	4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTH		UNDER I YEAR	IF UNDER	R 24 HRS
Famale	Cauca:	cian	3.	- 3-1895	(92	YRS.			10.114
70 BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH		
New Jersey	Uniko	States	WIDOWE		Noi	1+90m	neru			MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION		OCCUPATION OF FOR MOST OF		126 KIND C	F BUSINE	ESS OR
Sandy Spring	Friend	1s How	se		NUL			INDUSTRI		
130. STATE 131, COL	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET	ADDRESS /	ZIP CODE	7		
Maryland Mor	tgones 4	Sandy St	orina	YES NO	17340	Quo	Ker Li	7	20	866
J4. FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE		LAS	a I	
George F.	Melick	_		Augusta	ALLe	nton				
	RMED FORCES?	166. SOCIAL SECUR		17 INFORMANT	400) ADDRES	Long	Creek	Dri	ve
No		108 32 56	51	Mr. Willia	am R. M	iosher	Sout	hold,		
18 CAUSE OF DEATH (Enter of	nly one couse per	Kee for (a), (b), and	(c).1_	1 0				BETWEEN	IMATE INTER	RVAL
PART I. DEATH WAS CAUS	TE CAUSE (o)	Myoca	rde	al Jufa	retion	w		5	me	nute
	DUE TO, O	R AS A CONSEQUE	NCE QF	00			n .		,	
Conditions, if ony, which	(b)	atheros	cler	otic adio	vascu	lar h	Usen	8	yes	ars
gave rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUE	VCE OF						0	
underlying couse lost	((c)_									
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	MINAL DISEAS	SE OR COND	ITION GIVE	V IN PART 1	D	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	101 60.10									
M DATE OF OPERATION	196. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUT	Ob2A3	206. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEAT	D IH?
21a, ACCIDENT WAS UNDERLYING	2 411 71115 0	F. D. 11150	-	In the second	YES 🗌	NOX	YES		NO []
	1100110 1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)		
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED			19							
21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET		CITY OF TOW	N	COUNTY	5	STATE
AT WORK AT WORK						- 22	1			
22a. I certify that (I) (this has saw the deceased alive a	34444	deceased from	M	. 19 77	, to	marc			that (I) (a	wet lost
obove, (1) (we) (did n		atter death.		nd that in (my) (pur) opinion	death accurr	ed on the dot	e and hour o			oted
276 SIGNATURE	1. Dc.	0		DEGREE ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED	Own.
July 1. Oval	esh, M.	N.L.		PHYSICIAN		PHYSICI.		14/	12/8	7
27d. PHYSICIAN'S NAME ITYPE	OR PRINT)	/		22e ADDRESS				0. 0	,	
Vules R.	Lodisi	1		2901 Olne	y- Ja	udy Sp	ring 1	d. Ul	wey,	Md.
230 BURIAL, CREMATION, REMOVA (SPECIFY) Removal	236. DATE 4-12-8		AME OF C	EMETERY OR CREMATORY	23d. LOC	ATION Y OR TOWN		COUNTY	5	STATE
24 FUNERAL DIRECTOR		TAR DON'T		- 1 4 13	TE REC'D BY	REGISTRAR 2	Sh REGISTRA	AR'S SIGNAT	URE	
State I	natomy E	Board	Balte	o., Md. AP	4 1 2 1	987	Julia D	under.	Pondal	LA

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21

4/20: A CONTROL OF THE PARTY.

injury, or other traumot

INCHIAM: If them 21 is morked or them 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EF	AKI	men	Ur	me /	KLIP	LAN	U ME	TIAL
		CE	RTI	FIC	AT	E OF	DEA	HTA

-7 STATE REGISTRAR		CERTIFIC	ATE OF DEATH	8 / REG. NO.	1 1 8	3 2
1. DECEASED NAME FIRST	WIDOLE	LAST		20. DATE OF DEATH MO	INTH DAY YEAR	26 HOUR
Richan	rd S.	M	udd	April	30, 1987	3:15 A.M
3 SEX Male	4.RACE White	S. DATE OF		6 AGE LINYEARS LAST BIRTHD	MONTHS GATS	
7a BIRTHPLACE ISTATE OR FOREIGN Washington, DC	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED ^X WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR C		MD.
Silver Spring	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3386 Chiswick (ADDRESSI	OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING LIFE) 126. KIND INDUSTRY Print	YUS GOVE.
USUAL RESIDENCE (15 NURSING HOME O 130. STATE 13b. COU Maryland Montgo	NTY 13c. CITY OR TOW	ring	BIL INSIDE CITY LIMITS?	130 STREET ADDRESS / Z 3386 Chisw	ip CODE ick Court	20906
14 FATHER'S NAME FIRST Joseph	MIDDLE Mudd	11	S. MOTHER'S MAIDEN NA FIRST Ida	MIDDLE	Lomba	ardy
160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		nformant arguerite Mu	dd-wife - (s		:)
	DUE TO, OR AS CONSEQUENCES CONDITIONS CONTRIBUTING TO	DEATH BUT NO	,	LOCY DISEASE OR CONDIT		
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	ATH HOUR A.M. MONTH D P.M.	AY YEAR 19	TE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART 2)	
AT WORK AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, I		STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased olive or obove, (1) (we) (did) (did no 22b. SIGNATORE	billol) oftended the deceosed from 19_01) view the body ofter death.	wel	ATTENDING PHYSICIAN ATTENDING PHYSICIAN	deoth occurred on the dote STAFF DIRECTOR PHYSICIAL St., Silver	N DAT	86/87
230 BURIAL, CREMATION, REMOVAI Cremation	May 1, 1987 Me	NAME OF CEA Tropoli		ry Alexandria		/irginia
24 ELINEDAL DIDECTOR	11000	BY TT A	25 DAT	E DEC'D DY DECICTO ADIOLA	DECICEDADIC CICALI	ATLINE

DHMH - 16 60M 7/84 (VRA 15, 4)

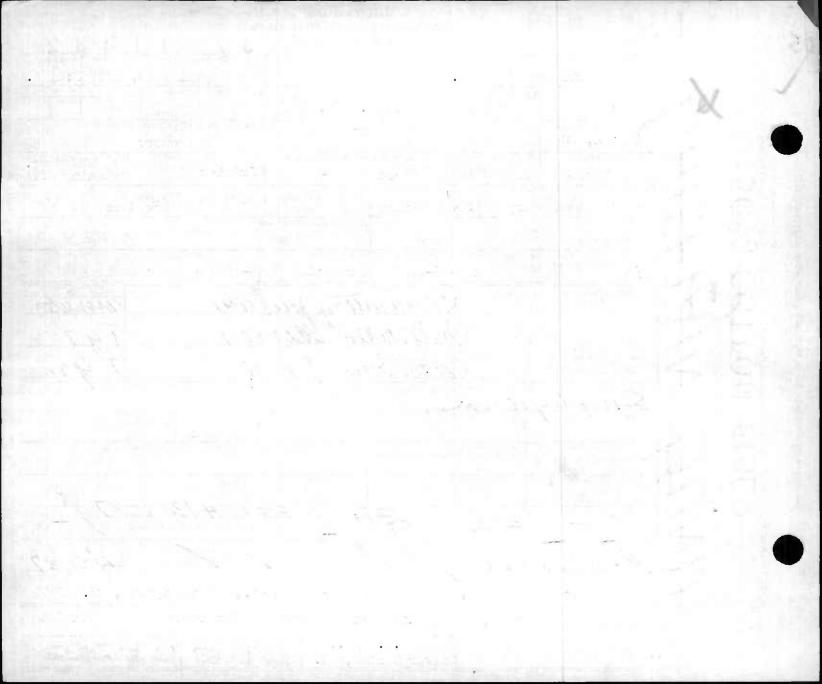
1.0 FUNCEDL DIRECTOR. After this certificate has been signed by the oftens is house tensored for use as the buriol-transit permit. Then please remove convenience to the state Dept. of Health and Mental Hygiene prior to burial, cremation,

Hines Rinaldi Funeral Home

FOR

11800 N.H. Ave., Silver Spring, Md.

Julia Dandon-Randale MAY 1



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CTATE OF MADVIAND

		1171	r ol m	WWIF	AND	
DEP	ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CE	RTIF	ICATE	OF	DEATH	

-	REGISTRAR				CERTIF	ICATE OF DEATH	8 7REG	NO.	833	
	CEASED NAME	FIRST	,	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DIY YEAR	25 HOUR
(117)		RITA		JO	1	ULLINS	APRIL 22	1987	. 0	11:95A
3 SE			RACE	00	5. DATE O		& AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE		WHIT	F	DECEM		52	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.		WHAT COUNTRY?	1.		9. BALTIMORE CIT		Y OF DEATH	
	ise, Virgi	nia	17	SA	WIDOWE	NEVER MARRIED	MONTGOME	PV COII	NTV	MD
	TY OR TOWN OF DEA		. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUP	ATION	125 KIND C	DE BUSINESS OR
0	BETHESDA	N		H FACILITY, GIVE STREET. E CLINICA		Trans.	Transcrip		(IFE) INDUSTRY	Potomac
						IEK				IItal
	AL RESIDENCE (IF NURSI					13d INSIDE CITY LIMITS?	(Medical			1999
	RGINIA THER'S NAME	MILLI	am	WOODBRID)GE	YES NO K		FOREST	DALE AVE	$\frac{2219}{1}$
-5	FIRST		DDLE	CARANT		FIRST	HIDDIM		T - CAS	51
1	Willia		D FORCECO	Stanley		Estelle		ORESS	Jess	e
- (VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SECU	RIIY NO.	17 INFORMANT	ADI	DKE22		
	No			231-38-7	965	RONALD G. MI	JLLINS (HU	SBAND)		S PATIEN
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per						BETWEEN	ONSET AND DEATH
	PARTI: DEATH W	IMMEDIATE (CARDIO-	-RES	PIRATORY	TAILUI	5 E		
	DUE TO, OR AS A CONSEQUENCE OF									
		inditions, if any, which (16) OVARIBN CANCER - ASCITES								
	gave rise to imm cause (a), statin		DUE TO O	R AS A CONSEQUE	NCE OF					
	underlying cause	lost	(c)	OUAR	WAI	CANCI	E R			
	PART 2 OTHER SIGN	HEICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1:	a
O	SONX	711	BOU	WEL	ORS	TOUCTIE	N			
A	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
Ĭ							YES TI NOT		TIFYING CAUSES	NO [
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 21	
AL	OR CONTRIBUTING		HOUR A.	M. MONTH DA	AY YEAR					
Did	21d. INJURY OCCUR		21e PLACE		19	21f LOCATION				
×	WHILE NOT WH	ue 🔲	AT HOME STR	REET, FACTORY, OFFICE, F	ARM, ETC	STREET	CITY O	NWOT	COUNTY	STATE
	220.1 certify that Ox		attended th	a decorred from	April	8, 10 85	to APRTI.	22	10 87	that XC (we) last
	saw the decease	d alive an	APRIL :	22 19	07	d that in (my) (aur) apinion				, , ,
	abave, (* (we) (a 22b. SIGNATURE	lid) (stoknet)	iew the body	after death.		DEGREE			22c. DATE	SIGNED
	Jorn.	. If	ma	DACT		ATTENDING		TAFF		27/87
	22d PHYSICIAN'S NA	ME (Type On D	CIVIE	6.11)		PHYSICIAN [DIRECTOR PHY	SICIANIX	141	20101

HORAK WAN

230. BURIAL, CREMATION, REMOVAL

NATIONAL INSTITUTES OF HEALTH, 9000 ROCKVILLE PIKE, BETHESDA, MD 20892 231. NAME OF CEMETERY OR CREMATORY

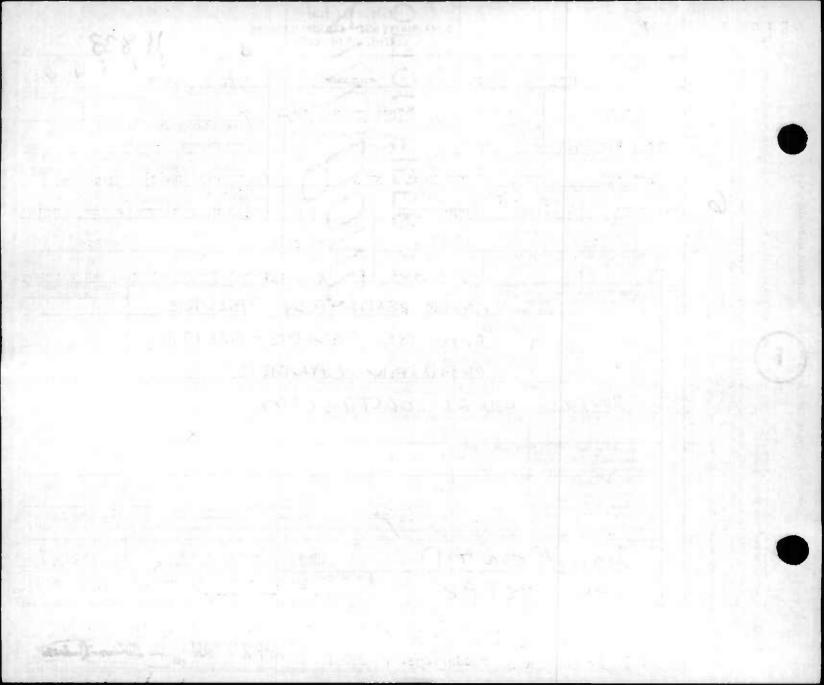
23d LOCATION
CHITY OF TOWN
Manassas, Virginia

Apr.25,1987 Stonewall Me Mountcastle Funeral Home coquar Rd. Woodbridge, VA 22291 Burial Stonewall Memory Gdns 13318 Occoquar Rd

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Ite



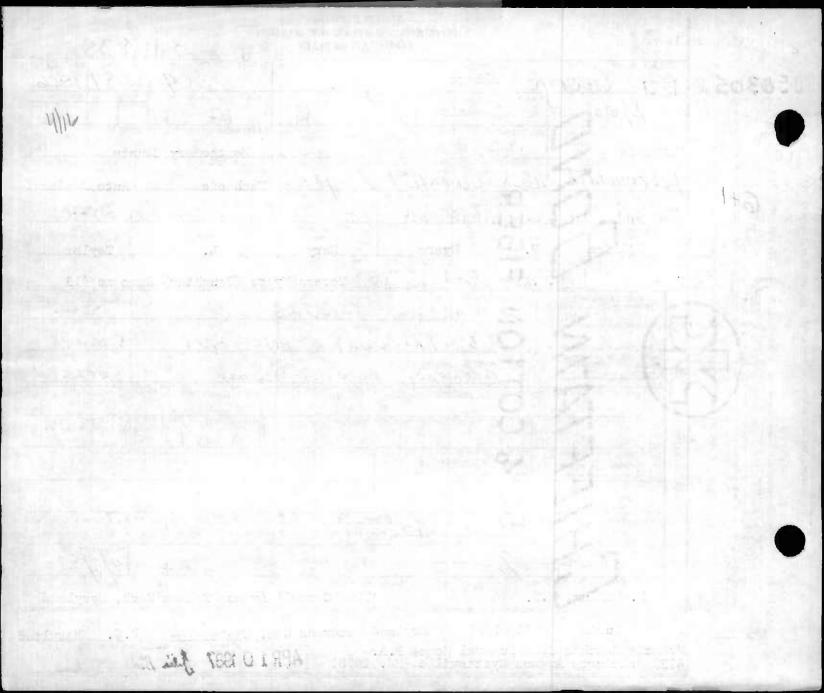
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

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4 1 1 1	7 Ten	4.	FOR	DEPA	RTMENT OF I	HEALTH AND MENTAL HYG	IENE		
3 1 6 9	A APR	12.5	STATE REGISTRAR			ICATE OF DEATH	() ")		2310
					CERTI	TEATE OF DEATH	REG. NO		9 7 72
			CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAT	YE ZE ZENIOUR
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morked or Item 18 shows any

IMPORTANT: If Item 21 is

1	FOR STATE REGISTRAR		94-9	DEPARTA	MENT OF H	E OF MARYI IEALTH AND ICATE OF	MENTAL HYG	IENE 8 7	REG. NO		8	3 3	6
(TYP	PE OR PRINT)	DELI.	NE	NIDDLE	N	EA C		20. DATE OF	(87	26 HOUR 1912
3 SE	FEMALE	ľ	CAUC		5. DATE C		YEAR 94	6 AGE (INYE	72		IF UNDER	UAYS	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FOR Maryland		U.S.		WIDOWE		MARRIED	9 BALTIMOR	T GOS			ATH	MD.
100	ROCKVILLE	=/	(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET GROVE A	ADDRESS)	OF OTHER IN	- 4	12a USUAL O	CCUPATION OF THE TOTAL PROPERTY OF THE TOTAL	WORKING LIF	E) INDI	USTRY	BUSINESS OR emaker
	STATE _ ITS	COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltin		YES		13.STREET A	DDRESS / Pat	ZIP CODE apsc	o S	t.	21230
14. F.	ATHER'S NAME Herma	n "	C.	Mayres		15 MOTHER	Anita	ME	T.	W	agn	er	
	WAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	212-05-		Rev.	Dr.Ric	hard	ADDRES Reic		B9	6kv.	illes Md Veirs D
	RATE I. DEATH WAS IA. Conditions, if any, very gave rise to immediately underlying cause.	S CAUSED AMEDIATE which diate	BY: CAUSE (a) DUE TO, OR (b)	AS A CONSEQUE	ERF ENCE OF	CORATE	D Bow	IEL			9.6	APPROXIVE TWEEN O	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGNIF			NTRIBUTING TO D				20a AUTOR		20b. IF YES	S, WERE	FINDING	OF DEATH?
MEDICAL CERTI	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	(AT HOME STREET FACTORY OFFICE FARM FICE				21c. HOW I				IN ITEM 18 F	S PART I OR F		NO
	22a. I certify that (I) (M saw the deceased above, (I) (we) (did 22b. SIGNATURE	his hospiro	APRIL	13 19	MAY 87.01		, 19 8 A	death occurred	on the do		220	am the c	

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial BP.

4/20/1987

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery 24 FUNERAL DIRECTOR The Hysong Co. 1300 N St.N.W.Wash.D.C.

Josley

Baltimore, Maryland COUNTY Baltimore, Maryland COUNTY BALTIMORE PR 2 0 1987

Brancos M. Ranchall

Short As Sa Lea THE THE PROPERTY OF THE PROPER YNDANGTOWN X. I WANTEOMERY CILLIAN SON WOR THE WAR WALLENDER

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19 0700 1000	1.	FOR STATE REGISTRAR		DEPART		TEALTH AND MENTAL HY	0 7			-
1 1 0 1 0 10 MILE - S	1. DE		Mary	MIDDLE P		AST Needham	REG.		AY YEAR	76 HOUR
0 e e e	(TYP)	OR PRINT) Mari	/	0	AlP	edham	4/,	107		1220 1
may be poge 3 er death	3. SE	x	4. RACE	•	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST		F UNDER 1 YEAR	F UNDER 24 HRS
ge 4		Female	Wh	ite	Mar	ch 28°, 1917	70	YRS.	ONTHS DAYS	HOURS MIN.
od 41 10	7n. B			WHAT COUNTRY?	0	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
to of the off		New York	United	States	WIDOW		Monte	nomer	u Cou	nty ME
	790	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUP	TO WORKING LITT		BUSINESS OR
20 0 0	13	eThesda	Subu	rban 1	4050	ital	Homemake	er .	Own h	nome
MARYLAND 21201 ed within 24 hours c grid 7 hours c		AL RESIDENCE HE NURSING HOME OR STATE 136 COUN			E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRES		99	1999
LAN 2	diam'r.	rizona Pin	na	lucson		YES X NO	5250 Ora	cle Road	1 // /8	5704/
ARY WITH ARY	6	FIRST	MIDDLE	LAST	- o b	FIRST	WIDDLE		LAST	
	1160 V	John WAS DECEASED EVER IN U.S. AR.	Hone	Auerb		Dorothy 17 INFORMANT		743 Cork	Tol kran La	
MORE, OT LEGICO	1	YES, NO OF UNKNOWN) (IF YES, GIV	E WAR OR DATES	550-12-		Howard H. M		ethesda,		0817
引 理 慰 至		18 CAUSE OF DEATH (Enter on	ly one couse ne			nonara n	7			MATE INTERVAL NSET AND DEATH
1		PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	marin	oma	OF THE	Scess	-	16	4 A F
or be		IMMEDIAI		R AS A CONSEQU	ENICE OF					1
RESTC deotlen nove cotten troumc		Conditions, if ony, which	((b)_	N A3 A CONSEGO	LIVEL OI					
1 W. PRESTON ST hat the death cert by the ottendi ose remove corbot d, cremotion, or other troumotic ev		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEOU	ENCE OF					
that d by leose ial, c		underlying couse lost.	(c)							
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the cattending physicion. After this certificate has been signed be os the burial-transit permit. Then plean the and Mental Hygrene prior to burial, orked or them 18 shows ony injury, or	2	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	V IN PART 110	
ECOR been prior t	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
NI RECO	Į Į						YES NOT		ING CAUSES C	DF DEATH?
ON OF VITAL HYSICIAN, The ding physicion is certificate in buriol-ironsist Mental Hygies or Hem. 18 sho	CER	216. ACCIDENT WAS UNDERLYING	110110 1		AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	(T OR PART 2)	
SiCiA ng ph certifi miol-t fentol	CAL	OR CONTRIBUTING CAUSE OF DEA	in	M.	19					
PHY endir	MEDICAL	21d INJURY OCCURRED		OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
DIVIS Por offer the costhe on the one of the	1	AT WORK NOT WHILE					9 11		-	
OR: A OR SERVICE		22a I certify that (I) (this hospit	4 4 /		Dece	. 17	e , to 4//		/	hot (It (we) lost
ATTI Ospit d for m 21		sow the deceased alive on obove, (I) (we) did) (did no) view the body	ofter death.		nd that in (my) (our) opinion	deoth occurred on the	date and hour o		
DIRECTORNEY DIRECTORNEY BENT HE HEM		11-1-15	Por		1	DEGREE		TAFF	224 DATE S	1 OV-
HOSPITAL ned by th FUNERAL Jid be det or the Stote		228 PHYSICIAN'S NAME (TYPE O	R PRINTI	~	-/"	PHYSICIAN 122: ADDRESS 100	DIRECTOR PHY		14/2/	187
		Richard H. F		M D		104	00 Connect			
Of Of Short	23a.	BURIAL, CREMATION, REMOVAL	123b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	10 2003	70	
999BP99		(SPECIFY) Cremation	4-2-8	R7 Me		litan Cremato	CITY OF TOUR	dria.	Virgini	a STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Richal	d Rapp.	Inc.			TE REC'D. BY REGISTRA			
(VRA 15, 4)		1804 T Street, 1	W, Was	shington,	DC	20009 AP	R 7 1987	Julia De	order Pa	Rose

A THE STATE OF THE

4/10

y the funeral director, page 3 -ed within 72 haurs after death

1-	FOR - STATE	DEPARTA	AENT OF H		IENE			
	REGISTRAR					MONTH DAY YEAR 26. HO 1987 7:0 1987 7:0 IMDAY] IF UNDER TYEAR IS UNDER R COUNTY OF DEATH IERY ON F WORKING LIFE) IZE KIND OF BUSININDUSTRY DEPT PUBLINDUSTRY ZIP CODE STREET, NW APPROXIMATE INT BETWEEN ONSET AN OITION GIVEN IN PART TID 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO NO 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO NO 207. That I OR PART 2) WIN COUNTY 19 19 87 that (II) 212. DATE SIGNED 223. DATE SIGNED 224. DATE SIGNED 226. DATE SIGNED 227. DATE SIGNED	3 8	
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH [IF UNDER I YEAR IF UNDER INCLUSION OF BUSIN INDUSTRY DEPT PUBLICANT INDUSTRY DEPORT INDUSTRY D	2b. HOUR
	J.	AMES HENRY NELSON	, JR.		APRIL 19	1987		7:03 m
3 SE	Х	4. RACE			REG. NO. 20. DATE OF DEATH MONTH DAY YEAR APRIL 19 1987 6 AGE (IN YEARS LAST BIRTHDAY) 60 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 120 USUAL OCCUPATION (IMPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRUCK DRIVER. P. 13e STREET ADDRESS / ZIP CODE 2705 13th STREET, NW NAME LENA HENDERSON ADDRESS LSON, 911 B ROYAL STREET 861W 200 AUTOPSY? YES NO X YES NET IN CERTIFYING CAU YES NO X YES ON CAU URRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART CITY OR TOWN COUNTY COUNTY		IF UNDER 24 HRS	
1	TATE ## CERTIFICATE OF DEATH ## ASED NAME ## APRIL 19 1987 ## APRIL 19 1987 ## APRIL 14 1927 ## APRIL 19 1987 ## APRIL 19 1987 ## APRIL 14 1927 ## APRIL 19 1987 ## APRIL 19 1987 ## APRIL 14 1927 ## APRIL 19 1987 ## AP		Min.					
JAMES HE JAMES HE (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH		
		UNITED STATES		_	MONTGOM	ERY		MD.
1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	PUBLIC W
DI	STRICT OF COLU	INTY 13c CITY OR TOW	N	YES 📉 NO 🗌	2705 13th		r, NW	99999
14. FA	FIRST			FIRST	MIDDLE	N	ŁAS	57
(YES, NO OR UNKNOWN) (IF YES, G	EIVE WAR OR DATES)					TREET,A	NNAPOLIS
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	MYCOSIS	FUNC	GOIDES				
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	EN IN PART I	0
CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	YING CAUSES	NGS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		21c. HOW INJURY OCCURE				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ARM ETC]		CITY OF TO	WN	COUNTY	STATE
	sow the deceased alive a above, (I) (we) (did) (did n	pitol) ottended the deceased fram_ in_APRIL_1919 log1) view the body after death.		nd that in (my) (our) opinion (, 10		and from the	
	22b. SIGNATURE	Molh	M	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		23	F829F
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)						
	M. PIERDINOC	K, LCDR, MC, USNE		BETH	ESDA, MD 20	1814-5	011	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call the state of the second of the state Dept. of Health and Mental Hygene prior to burial, cremation, or removal. DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL Burial Apr. 25,87

23c NAME OF CEMETERY OR CREMATORY

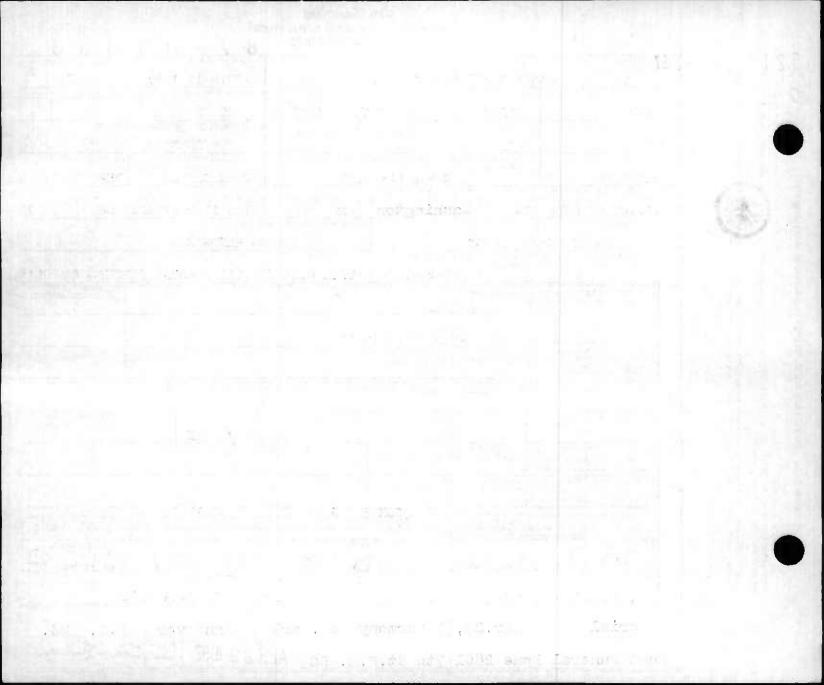
BETHESDA, MD 20814-5011

Md.

24 FUNERAL DIRECTOR
Hunt Fun Funeral Home 2801 7th St.N.E. DC

Harmony Mem. Park Landover P.G. Md.

St. N.E. DC APR 2 9 1987



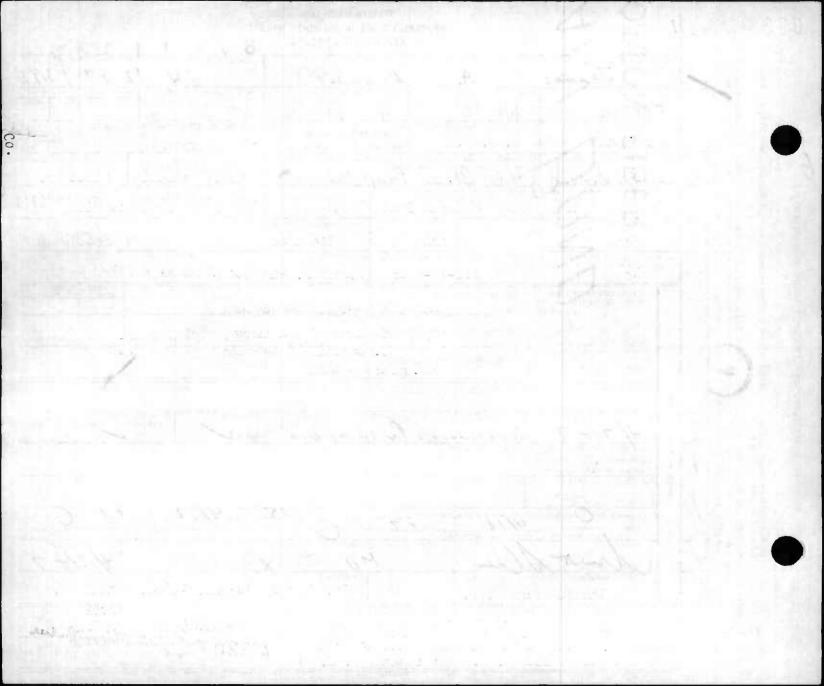
50936 119 22

STATE OF MARYLAND

4	1.	FOR STATE		DEPARTM		EALTH AND MENTAL	HYGIEN	E			
L		REGISTRAR			CERTIF	ICATE OF DEATH	- 8	7 REG. NO	D	8 3	5 9
I		EASED NAME FIRST	N	AIDDLE	1	AST	20.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		JEANNE		A.	NE	4 WISET			1	18/	1 519 H
I	3. SEX		4. RACE		5. DATE O	DF BIRTH	6 A	AGE (IN YEARS LAST BIR	HDAY	MONTHS DAYS	IF UNDER 24 HRS
1		Emale	Whi	te	4	14 26		60	YRS		
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 8	SALTIMORE CITY O	R COUNTY	OF DEATH	
1		ew York		Α.	WIDOWI		- 114	Moret gor	nery		MD.
1	10 CIT	Y OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	120	USUAL OCCUPATION OF OF WORK FOR WOST O	ON F WORKING	ED INDUSTRY	OF BUSINESS OR
	Se	WED Soring	Holy	CROSS	Has	actal	(Credit Col	lecto	or Heck	rt Co.
	130 S Ma	RESIDENCE (NURSING HOTE OF TATE 136 COUN TYLAND MONTO	other institution ity	GIVE RESIDENCE BEFORE 13. CITY OR TOWN SILVET S	prin	13d. INSIDE CITY LIMIT	S? 13e	STREET ADDRESS	ZIP CODI	nbia Pik	2e, # 2111
1	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN		WIDDLE		1.45	,
1		Saul		Lang		Isabel	le	Model		Sch	666
1		AS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECUP		17 INFORMANT		ADDRE			
ı	(1)	No	t WAR ON DATES)	112-18-23	35	Gerald J. 1	Neuwe	elt (Same	as #	13)	
ľ	П	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per	line for (a), (b), and	l (c).1					BETWEEN	MATE INTERVAL ONSET AND DEATH
1			E CAUSE (a)	Bila	tera	e marked Coi	ngesi	tion			
			DUE TO, OF	R AS A CONSEQUE	NCBOF	ation of the	0 1111	ans meah	ah D.		
		Conditions, if any, which	(b)	Cons	orru	acon of an	e Lur	igs, probl	LULY		
1		gave rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF	resolving Pi	neumo	onia			
ı		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (b) UNTESOLVING PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF Pulmonary Emboli									
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE OR CONI	DITION GIV	EN IN PART 110	a
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?				
1	E	4/7/87	UNKB	ESOLUIN C	PN 13	umowia.		YES NO	1	ES Z	NO [
1		210. ACCIDENT WAS UNDERLYING			1 17	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUS	Y IN ITEM 18	PART 1 OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA	ile.		19						
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	PALETC)	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
1	2	AT WORK NOT WHILE									
1		22a.1 certify that (1) this hospi	6////	deceased from		. 19	75_	10 4//2		19 7	that (f) (we) last
1		saw the deceased alive on above, the worldid ided no) view the bady:	after death.	, 0	nd that in (my) (our) api	inian deat	h occurred on the do	ite and hou		
1		IZE SIGNATURE	11			DEGREE	10	IEDICAL STAT		224 DATE	SIGNED
1		mer	1 Che		/	90 ATTENDIN PHYSICIA	N D	NEDICAL STAF		14/10	1/57
		Irnest O		D.		10301 Geor	igia i	Avenue, S	ilver	Spring	,Md.
	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATO	ORY	23d LOCATION		20902	CLATE
	13	Burial	4/13/			Lebanon		Hyattsvil		P. G.	- Moles
	200 Y	MERCHIRMIORStein +					DATER	82 4 4 4 4 1 3 M	25h REGISH	TRANGSIGNAT	URE
	23	2 Carroll Stree	et, N. W	., Washin	igton	, D. C.	MI	1100			

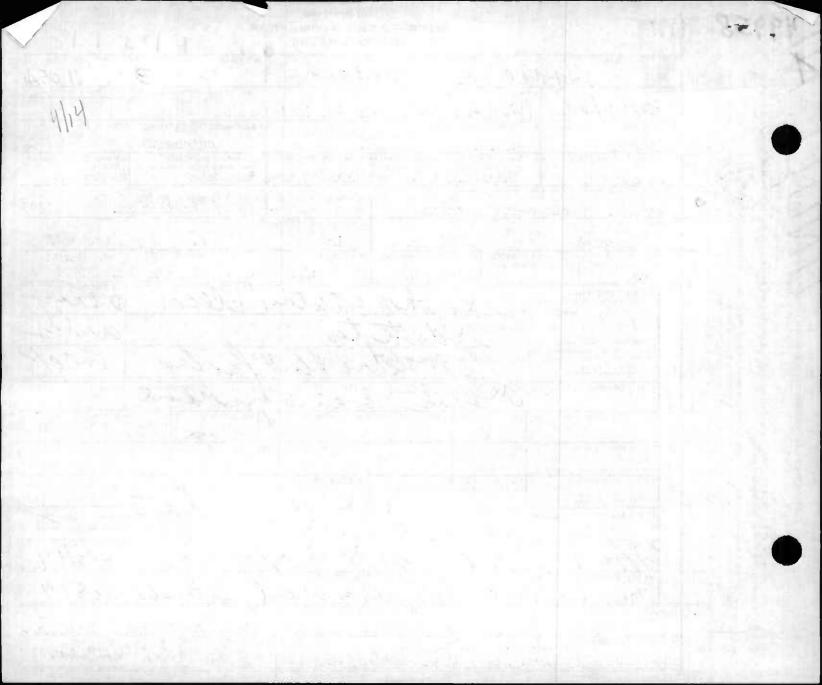
DHMH - 16 60M 7/84

(VRA 15, 4)



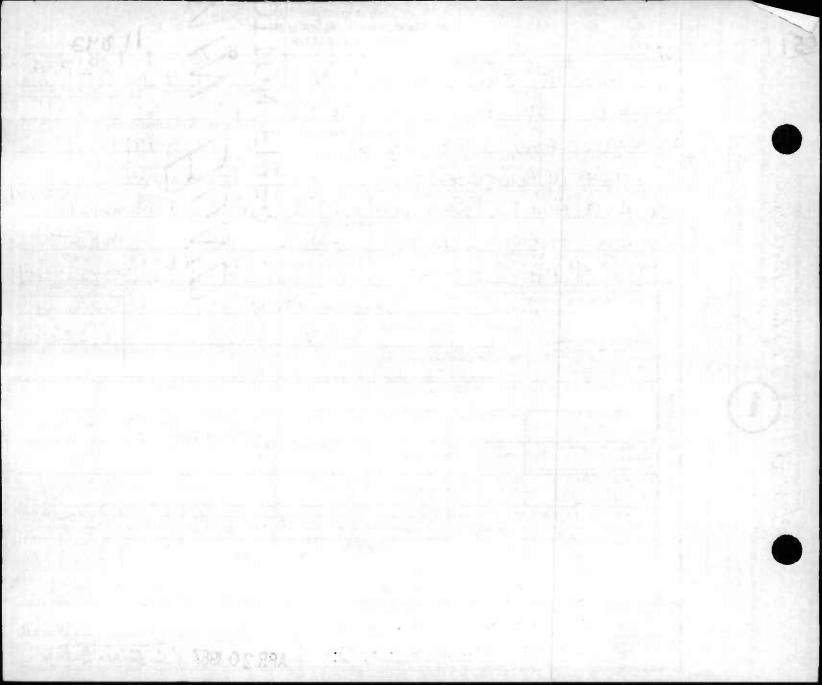
1/16

958	n.	FOR			DEPART		E OF MARYLAND IEALTH AND MENTAL HY	(GIENE			
.,,50	101.5	*STATE REGISTRAR					ICATE OF DEATH	9 7	REG. NO.	8 4	
orh orth		CEASED NAME	FIRST		B.	me	eland	2a DATE C		, 1987	26. HOUR
4 may be or. page 3 ofter death	3. SE:	Y /		TE .	0.	5. DATE (DAY YEAR	6 AGE (IN	YEARS LAST BIRTHDAY	IF UNDER I YEAR	R IF UNDER 24 HRS. HOURS MIN.
Page 4	70. BI	PINA 14	FOREIGN 7h C	HUC,	WHAT COUNTRY	Janu	ary 29, 1891	96	ORE CITY OR COUN		
neral in 72 h		rginia	70 C	U.S.A		MARRIE	D NEVER MARRIED DIVORCED		Montgomer		MD.
by the fulled with	k	ty or town of DE.		Kens	ington G	arden	or other institution 8 Nursing Hor	TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKIN MAKER .		
24 hours	130 S MC	al residence (# NUR: STATE Uryland	136 COUNTY Montgon		13c. CITY OR TOV	WN	13d INSIDE CITY LIMITS?	1054	ADDRESS / ZIP CO	y St.	20895
nd with	IL FA	Randolpi	h weren		Minte	r	13. MOTHER'S MAIDEN N	AME	**F".	Coc	krell
Foger L		VAS DECEASED EVER			16h SOCIAL SEC 226-42-6	URITY NO.	Neal Nolan	son	McLean	The second secon	Drive
at the death certificate by the attending physics as temore carbon paper. Ceremonal other traumatic event, the		Conditions, if any gave rise to im- cause lot, stort underlying course	which mediate in the	100	Sas	to	tes Klar	V 13	iles	an	ly
equirer the signed to burion the place of th	NO	PART 2: OTHER SIG	NIFICANT CON	OV-	PAN .	DEATH BUT	MOT RELATED TO THE TES	MINAL DISEA	SE OF CONDITION	EN IN PART I	0
the law bear of the law bear o	CERTIFICATION	1% DATE OF OPERA	TION	M. COND	FION FOR WHICH	+ OPERATIO	N WAS PERFORMED	VES []	NO PORT IN CER	YES, WERE FIND ETIFYING CAUSE YES []	NGS USED S OF DEATH?
CIAN, T 3 phytic militaria med Hyg em 18 sh		71s. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF SEATH	HOUR A.	M. MONTH D	DAY YEAR	214. HOW INJURY OCCU	RRED (ENTER N	ATURE OF POWER POINT	18 FART I DREART 21	
G PHYSi orthinic ord Me hed or h	MEDICAL	714 INJURY OCCUR	RED	Te. PLACE			ZH LOCATION	The L	coroungen	/ court	STATE
TTENDEN pital or of TOR. Ath for one or of Health		27s.1 certify that (I) saw the decrease above, (infrasire	(this baspitely a	the boliv	deceased from	7.	nd that in July 100 primo	n death occurr	ed on the date and I	No	that (I) (world)
rat, O8 a y the bos Rat, DIREC detached one Dept	2	The skingtone	1 /	h	1.	m	ATTENDING PHYSICIAN	MEDICAL	STAFF	221. DAT	3/17
O HOSPI Horned 5 O FUNE heald be off the 34		Thos	> WA	RA	6116	Ro	herrias	d. 1	Bethled	a 20	8/7
25 -215	23a. f	URIAL CREMATION	THE COURT OF THE C	DATE			EMETERY OR CREMATORY	C0	WEDSTONN TO THE COLUMN TO THE	COUNTY OF	MAN STATE
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR			1987 Wo	Ir.	on Cemetery	ATE REC'D. BY	registrarizsb. Rec	SISTRAR'S SIGNA	TURE
(VRA 15, 4)	50	<u>Universi</u>					ng, Md.	- 3 1	501 Julia	biodur-K	andella



(VRA 15, 4)

STATE OF MARYLAND



52090

BETHESDA

CERTIFICATION

MEDICAL

NOT WHILE

		AND	

	JIM	IL OI	MMKII	LAME	
DEPARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE
CI	DTI	ILICA'	TE OF	DEATH	

1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	1881	3		
L'DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY WAR	2 HOW		
	FRANK TURNER NORR	IS	APRIL 25 1987		11:25 M		
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 24 HRS			
	The state of the s	MONTH DAY YEAR		MONTHS DATS	HOURS MIN.		
MALE	CAUCASIAN	OCTOBER 15 1915	71 YRS				
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
NORTH CAROLINA	UNITED STATES	WIDOWED DIVORCED	MONTGOMERY C	OUNTY,	MD		
III CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		126 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				

134 INSIDE CITY LIMITS?

INIA	FAIRFAX	MCLEAN	YES X	0 []	1311	ELSI	NORE .	AVENUE	22102
R'S NAME			15. MOTHER'S M	AIDEN NAME	E .				
FIRST	MIDDIE	LAST	FIRS	T		WIDDIE		I AS1	
CADW	IN HUGH NORR	IS		MAE	BLE SM	ITH			
	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT			ADDRE	SS		
YES	1939-1972	244-60-7992	COURTNE	Y L.NC	RRIS,	1311	ELSIN		
		line for (o), (b), and (c),)	MCL	EAN, V	A 2210	02		BETWEEN	MATE INTERVAL
PARTI. DEATH W	IMMEDIATE CAUSE (0)	RESPIRATORY	FAILURE						
	DUE TO, O								
	CADW DECEASED EVER TO OR UNKNOWN) YES	CADWIN HUGH NORR DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 1939-1972 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) YES 1939-1972 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: DESCRIPTION OF THE PROPRY	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? OCCUMENTOWN OCCUMENTOWN VES 1939-1972 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES 1939–1972 244–60–7992 COURTNEY L.NC CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT VES 1939–1972 244–60–7992 COURTNEY L. NORRIS. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRE (IF YES, GIVE WAR OR DATES) YES 1939–1972 244–60–7992 COURTNEY L. NORRIS, 1311 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO OR UNKNOWN) YES 1939–1972 244–60–7992 COURTNEY L. NORRIS, 1311 ELSING MCLEAN, VA 22102 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF	CADWIN HUGH NORRIS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO RUNKNOWN) (IF YES, GIVE WAR OR DATES) YES 1939-1972 244-60-7992 COURTNEY L. NORRIS, 1311 ELSINORE AVE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which COPD gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NOT	YES [NO [
10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		AR 21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)		

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

87 22a I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on APRIL 25 above, (I) (we) (did) (did not) view the body after death DEGREE SIGNATURE

ATTENDING

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NAVAL HOSPITAL

NAVAL HOSPITAL

13c. CITY OR TOWN

D. G. LITAKER, LT, MC, USNR BETHESDA, MD 20814-5011 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial Arlington National Cem. Arlington

Virginia Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, Maryland

JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MEDICAL

STAFF

DIRECTOR PHYSICIAN

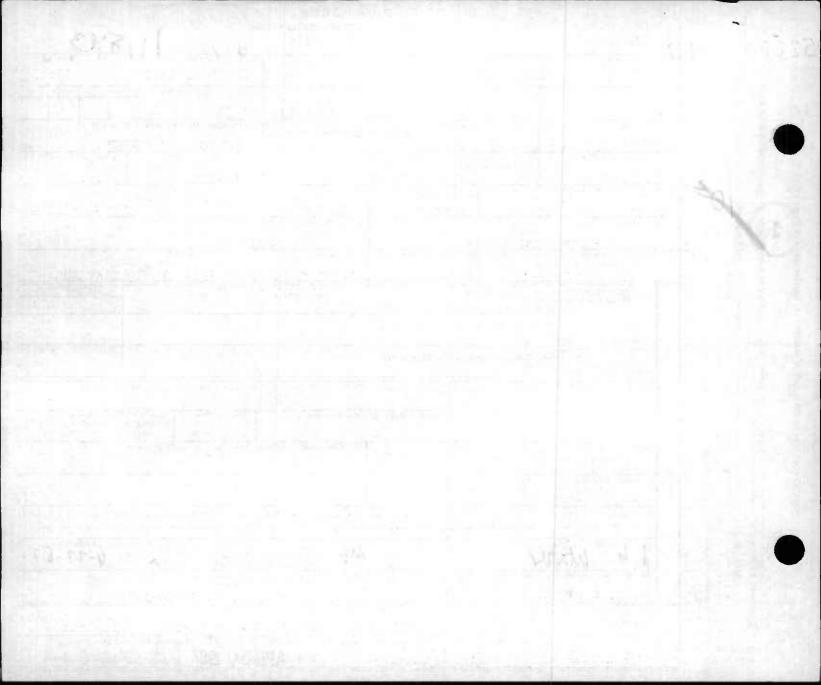
RETIRED

13e.STREET ADDRESS / ZIP CODE

STATE

U.S.NAVY

DHMH - 16 60M 7/84 (VRA 15, 4)



Hunt Funeral Home 2801/7th St.N

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

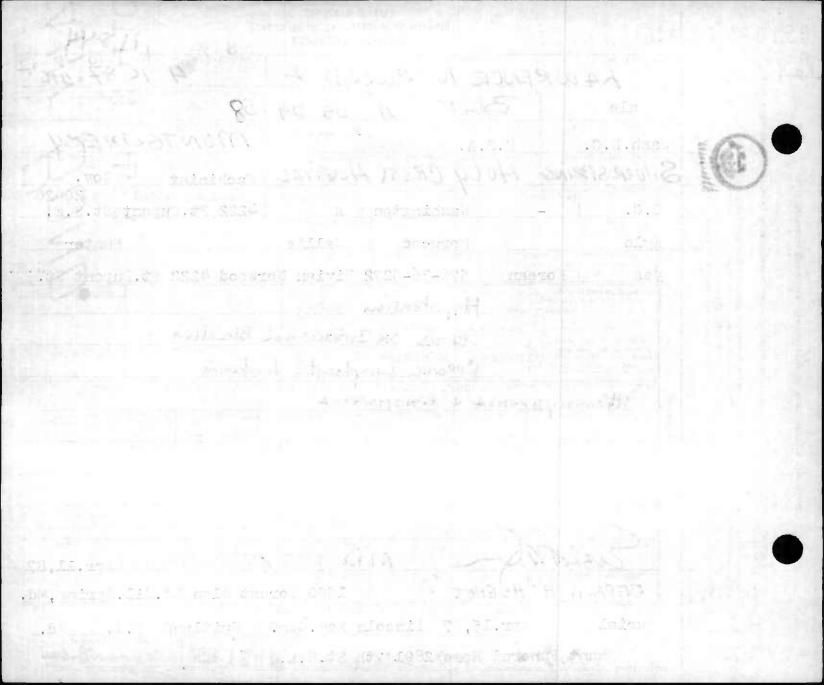
16/60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME SULTAN 20 DATE KNOWN ATTREMOR PRINTS OF ESTI-YOUR FILES. N 72 HOURS TON STREET, DEATH MATED 4. RACE SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE FUNERAL DIRECT S FOR YOUR F April MONTH 6 DEAD TE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CLYY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY **AFGHAN** AFGHANISTAN WIDOWED A DIVORCED FILES BEITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION PAGE MERCHANT TMPORT EXPORT VOJE BE SUAL RESIDENCE (IF IN 13g STATE 3d. INSIDE CITY CIMITS? 13e STREET ADDRESS BETHESDA MONTGOMERY 9900 Pomona Drive 20817 MARY FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST CIRST Mohammad Hosheim Nusraty unknown B. GIVE PAGE WITH FO IT. PAGES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 227 80 8132 Naiib Nusraty-son-9900 Pomona Dr Beth.Md. no ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line (ar (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIA AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :00 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO-E 216. TIME OF INJURY 716 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram: Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINE AME (TYPE OF FEINT) Dr. John S. Rogers, M.D.

07/84 BP 2500 DHMH - 17

24. FUNERAL DIRECTOR ALEXANDER S. POPE-2617 Pa Ave SE Wash DC (VR A15 ME (5)

4/27/87

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

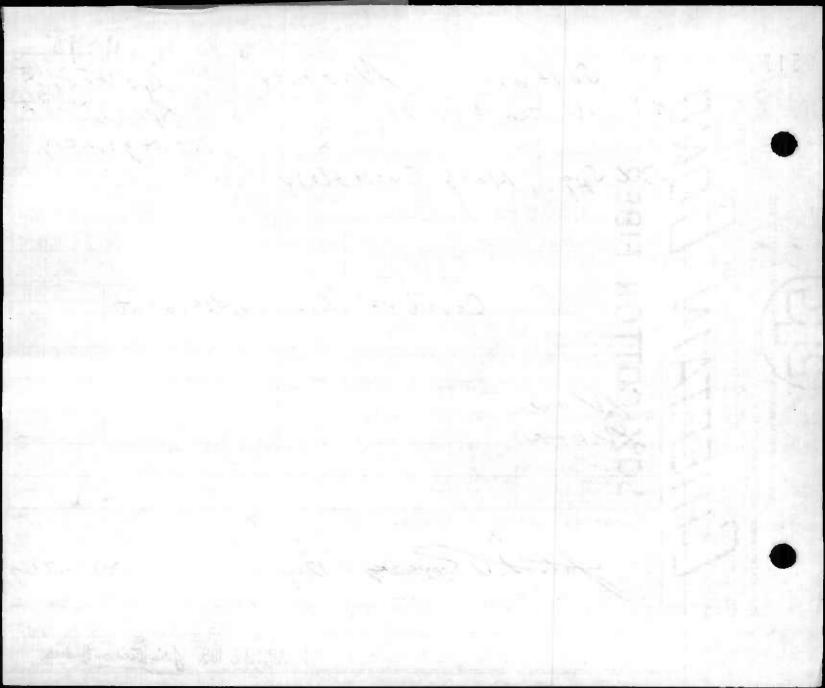
National Memorial Park Falls Church Virginia

1919 Seminary Road, Silver Spring, Md.

Dundern Kandell

23d LOCATION

ADDRESS



STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	8

0008 APR 10	laz.	FOR		DEPA		E OF MARYLAND IEALTH AND MENTAL HY	CIENE			
Ole o g min I g	14.	STATE REGISTRAR		DELLA		ICATE OF DEATH	8 7 REG. NO	0 1 1 0	1 6	
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YES	AR Zb HOUR	
be oge 3 death	(TYPI	OR PRINT)	DANIEL SCOTT O'CONNELL				APRIL 2	1987	5:50 P	
E	3. SE	X	4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TH	YEAR IF UNDER 24 HRS	
ge 4 ector rs off	1	MALE	CAUCASIAN ÄPRIL 1 1987				YRS	1		
Poge of direct	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED X	BALTIMORE CITY O	R COUNTY OF DEAT	н	
de out		MARYLAND	UNITED STATES WIDOWED DIVORCED			MONTGOMERY 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) N/A 178 N/A				
ofter of the f	1	ETHESDA	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL							
BALTIMORE, MARYLAND 21201 cote be executed with 24 lice of yes; long commond commond commons. Pages 1 cots vol. it, fre-medical are in the re-	130 S	AL RESIDENCE (IF NURSING HOME OF STATE 13 COULT St.	OTHER INSTITUTION NTY Mary 's	13c. CITY OR 1	IOWN	134L INSIDE CITY LIMITS?	13e.STREET ADDRESS A	ZIP CODE	ACE 20670	
H CACOLE	195	ATHER'S NAME	MIDOLE	ŁAST		15. MOTHER'S MAIDEN N	AME		LAST	
W T T	11	MATTHEW .					ACQUELINE GA	IL GOLDBER	₹G.	
yes dicol		WAS DECEASED EVER IN U.S. AF	MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	SS		
TIMO		NO -		_Nor	ne	MATTHEW J.O	CONNELL, 906		TERRACE. PROXIMATE INTERVAL VEEN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAIL NG PHYSICIAN: The law requires that the death certificate ratending physician. The this certificate has been signed by the attending physici as the burial-transit permit. Then please remove carbanpapes th and Mental Hygiene prior to burial, cremation, or removal ackedor term 18 certifications.	z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, C	DR AS A CONSE	EQUENCE OF	FAILURE NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110	
	IFICATIO	19a DATE OF OPERATION	19b. COND	OITION FOR WH	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FII IN CERTIFYING CALL YES		
ON OF VITAL HYSICIAN: The ding physicion is certificate it burnol-tronsis it Mental Hygies Them 18		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART 1 OR PAR	1 7)	
DIVISION OF DIVISION OF After this certifice os the buriolar olth and Mental morked or the morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFF		21f. LOCATION STREET	CITY OR TO	MM COUNI.	Y STATE	
TTENDI or pital or use for use of Heal		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	AF	RIL 2	19 <u>87</u> , o	nd that in (my) (our) opinio	, to <u>APRIL</u> n death accurred on the de	2 19 <u>87</u> ote and have and from	, that (I) (we) lost in the couses stated	
O HOSPITAL OR AT efoured by the hosp TO FUNERAL DIRECT should be deteched to with the State Dept 10 MPORTANT: If them 2		226. SIGNATURE	Hon	٩	*	7	MEDICAL STAF	F 1 2	APL87	
TO HOSPITAL reformed by the TO FUNERAL with the State with the Sta		M. A. KORE,		ic, usn			AL HOSPITAL HESDA, MD 20	814-5011		
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	7 Apr		long Is	EMETERY OR CREMATORY land National	Cemetery, I			
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Capitol Funeral	Service	e, Farr	s Churc	h, VA APR	TE REC'D. BY REGISTRAR	136 REGISTRAR'S SIG	NATURE	

The contract of the contract o

njury, or other troumptic event

IMPORTANT: If Item 21 is morked or Item 18

DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFICATION

MEDICAL

49985 APR 10

- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

male To. BIRTHPLACE (STATE O New Jersey 18. CITY OR TOWN OF D

SUAL RESIDENCE (IF N 130 STATE Maryland 14 FATHER'S NAME Patrick 160 WAS DECEASED EVI (YES, NO OR UNKNOWN) 18 CAUSE OF DEA

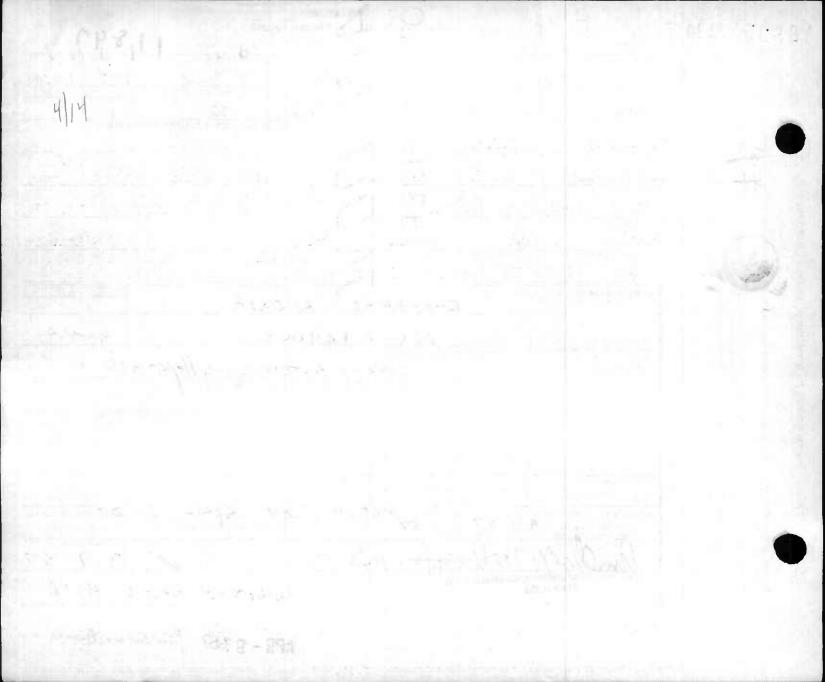
3. SEX

STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRAR REGISTRAR												
DECEASED NAME	FIRST	1	MIDDLE	ŧ.	AST	ST 20. DATE OF DEATH			ONTIL	Take	26. HOUR	
THE OR PRINTS	Joseph	i	C.	0'	Connell	2	April	5.	1987	10:20	Open	
SEX	4	RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 H	()
male		Caucasian Apri			l 3õ	1970	76	5	YRS.	NONTHS DAYS	HOURS	AIN.
BIRTHPLACE (STATE NEW Jersel		L.S.	WHAT COUNTRY?	B. MARRIEI WIDOWE	NEVER MARRIED .			_	CITY OR COUNTY OF DEATH GOMELY MD.			
city or town of the Silver Sp.	ing,	212		ADDRESS)	R OTHER INST		120 USUAL O SUPPLY	CCUPATIO	N WORKING LIFE	126. KIND OF INDUSTRY	Desens	58
SUAL RESIDENCE (IFN STATE ARYLAND	URSING HOME OR O 136 COUNT Montgo	Y	136 CITY OR TOV Silver	VN I		NO 🗌				Spring	7	
Patrick		seph	O ^{last} Co	inell	En	MAIDEN NAM Wly		WIDDLE		O ^{^1}	Rowike	2
(YES, NO OR UNKNOWN)	1942-	ED FORCES?	578-38-		17. INFORMAI Susan	™daugh Maier		908REG	roode.	n Bride	je Rd.	
18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE	BY: CAUSE (o)	Ker	eBR:	AL	Ano:	XIA			APPROX 8ETWEEN	IMATE INTERVAL ONSET AND DEA	<u>лн</u>
Conditions, if a gave rise to couse (o), sto underlying car PART 2 OTHER S	immediate ating the use last.	(b) DUE TO, OI (c)	R AS A CONSEQUENT AS A CONSEQUENTRIBUTING TO	ENCE OF CHR	P. FA		MUNIONAL DISEASE	e He	MITTEN GIVE	TIS EN IN PART II	// //	_
19a DATE OF OPE	RATION	19b CONDI	TION FOR WHICH	I OPERATION	N WAS PERFOR	RMED	20a AUTOF		IN CERTIF	, WERE FINDII YING CAUSES		
21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	P./	M. MONTH D	AY YEAR			ED (ENTER NATL	IRE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)		
21d. INJURY OCCI	URRED WHILE	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATIO STREET	Ν		CITY OR TOW	٧	COUNTY	STATE	i i
27a. I certify that sow the dece above, (I) (we 27b. SIGNATURE	(I) (this haspital osed alive an) (d d) (did not)	4-1-8	7 19		d that in (my) (DEGREE				ond hour			
MAC CIAN'S	MMI	NAC	WM	DW		TTENDING HYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICI	W [7.	1-8-	7

MNDREWPW! ARTENSTEIN, MD WALTER RERD 214-52-5685 230 BURIAL, CREMATION, REMOVAL Burial Arlington Nat. Cemetery Arlington

13. Jr.

PARREC BY STITUTE OF THE PROPERTY 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Apr. 9.1987 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blvd. West, Silver Spring, Md



07/84

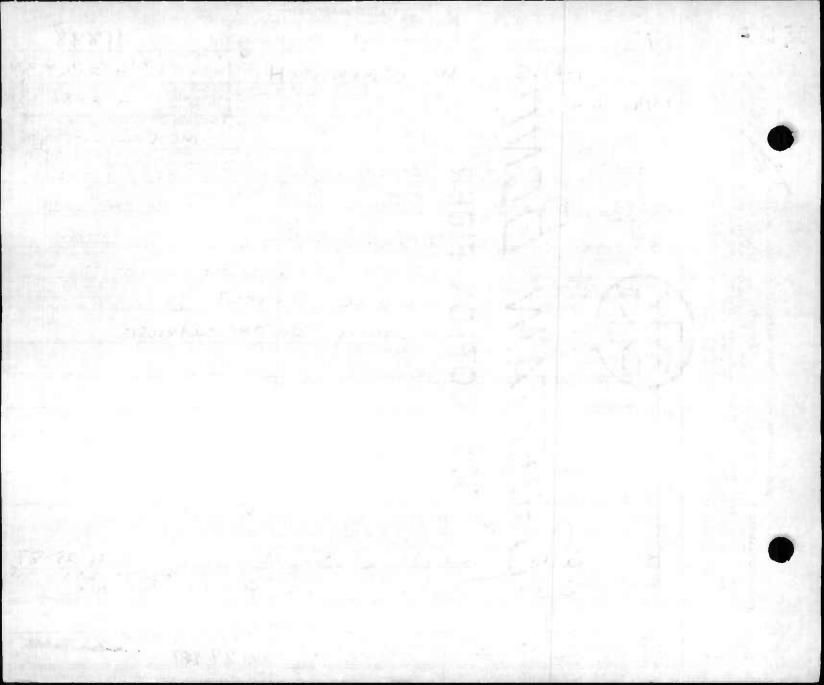
DHMH - 17 (VR A15 ME (5))

Bethesda Chevy Chase, Fumphrey Funeral Home/ Bethesda, Maryland, 20814

Gate of Heaven Cemetery

Silver Spring

Marvland



1 - FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	11849				
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON H	AY WAR TO HOUR				
Mark	Lewis	Orler	April	12,1987 11:40Pml				
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
Male	Caucasian	July 29° 1922	64 YRS	MONTHS BAYS HOURS MIN.				
BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Washington, D.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED 1 WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120. USUAL OCCUPATION (Type-of-work-for-most of-working-life) INDUSTRY Clerical (Ret.) U.S. Governm					
Wheaton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Bel Pre Health (IG HOME OR OTHER INSTITUTION ADDRESS) Care						
SUAL RESIDENCE IF NURSING HOLE OR 34 STATE 134 GOUN		N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 3140 Oliver S	treet, N.W.				
FATHER'S NAME FIRST J.	orler (AST	15 MOTHER'S MAIDEN N	MIDDLE	Schwarz				
60 WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES)	RITY NO. 17 INFORMANT Sister	3140 01	iver Street, N.W				
Yes WW I	577-40-60							

(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	No. GOCIAL SECONITI NO.	Sister	3140 Olive	er Street, N.V
Yes	TAIN TI	577-40-6602	Jean L. Klied	er Washington	D.C. 2001
	H (Enter only one couse pe			1	BETWEEN ONSET AND DEATH
PARI I. DEAIH V	VAS CAUSED BY: IMMEDIATE CAUSE IN	Jumon	dry arres	1	minules
Canditions, if any	, which ((b)	OR AS A CONSEQUENCE OF	Istructure V.	almorars Dis	years
gave rise to im cause (a), stati		OR AS A CONSEQUENCE OF			/

CERTIFICATION 190 DATE OF OPER N 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) vise the bady after death med an the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME ATTE OF PURIL 22e ADDRESS

4115 Colie Drive, Wheaton, Maryland 20906

Raymond Benack, M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 20052 George Washington Univ 2300° T Street, N.W., Wash.D.C. [SPECIFY]

Remova1 Medical Cenger at DECID BY DEGISTRARISS. REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR NAM Columbia Mortuary Services, Inc.

225 Missouri Ave. N.W. Wash, D.C.

APR 23 1987 Julia Dividor Rudale

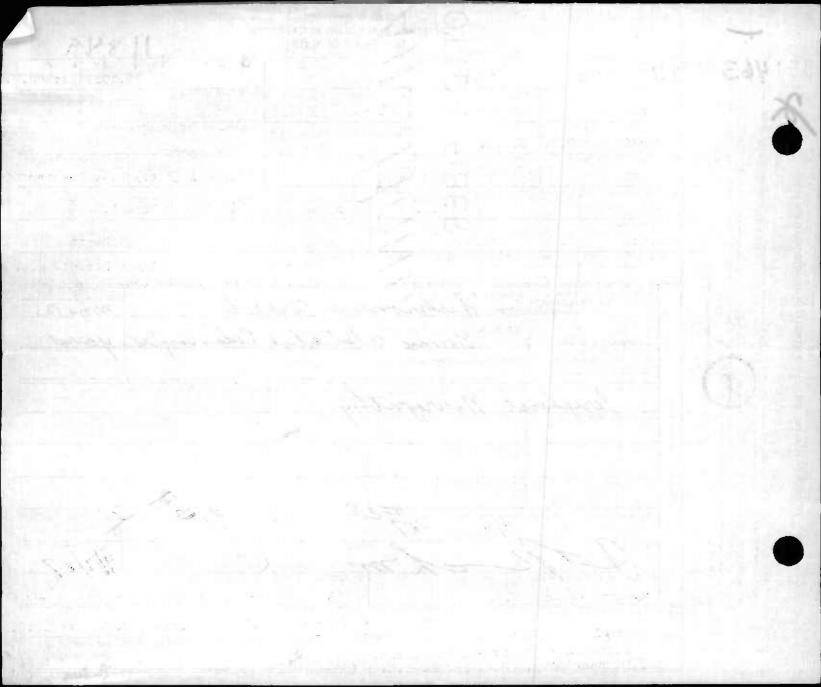
DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detacl

MPORTANT

morked or



\$8.	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO.	#	857	0
527,27 W		CEASED NAME ORPRINT)	FIRST Marie		H.	O'To	ole	26. DATE	OF DEATH MONI	15	87	L:17PM
4 may	3. SE)	emale		4. RACE Whi	+0	5. DATE O	0F BIRTH 14 °1 915 YEAR	6 AGE (N YEARS LAST BIRTHOAY)	PON	THE DAYE	ACHERSTANE
Page direct	7n RII	DTHPLACE ASSURED	FOREIGN		F WHAT COUNTRY	2 1		9 BALTIA	71 Y	UNTY OF	DEATH	-
ner of mer of me	(Maine		U.S		WIDOWE	D NEVER MARRIED :		Montgomer			MD.
offer d	10 CI	or town of dea	ATH	11. NAME O (IF NOT IN S Montg	F HOSPITAL, NURSI SUCH FACILITY, GIVE STREE OMERY GEN	NG HOME O	or other institution Hospital	(TYPE OF W	ALOCCUPATION YORK FOR MOST OF WORK	LING LIFE)	INDUSTRY	Sharon
ND 2120		AL RESIDENCE (IF NURS				RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREE	T ADDRESS / ZIP	CODE		906
within	14 FA	THER'S NAME		gomery	ISilver	Spring	15. MOTHER'S MAIDEN N		Bigby Co		LAST	700
SE, M.	lós V	Major Ham	IN U.S. AR			URITY NO.	Lena 17 INFORMANT		K. 14700 Bi		haw	20906
non on one exe	()	NO	(IF YES, GIV	(E WAR OR DATES)	004-05-	4151	John F. O'	Toole			o Ma	
es that the death certificed by the attending phyplease remove carbon prural, cremation, ar rema	TO SERVICE	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gave rise to imm couse (o), stotir underlying cause	, which mediate ag the	DUE TO,	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF AS	SENCE OF	villa Cur	ula	Febre	Value		
DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The law requires r attending physician. After this certificate has been signed as the burial-trassit permit. Then pl th and Mental Hygiene prior to burial acked ack them (Bishaws any injury, o	CERTIFICATION	CLINAS.	TION C	Devila	ILLULA FOR WHICH	Rul	0	20e AL	310P5Y? 20b.	IF YES, W CERTIFYIN YES	ERE FINDING CAUSES	
rSICIAN: mg physic certificat urial-tram Aental Hyg	MEDICAL CE	21d. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH [P.M. TE OF INJURY	DAY YEAR	211 LOCATION	JRRED (ENTER	R NATURE OF INJURY IN ITE	EM 18 PART	1 OR PART 2)	
NG PHY: Ottendir of the this of the but the and M orked of	ME	WHILE NOT WE	HILE	(AT HOME,	STREET, FACTORY, OFFICE		STREET		CITY OR TOWN		COUNTY	STATE
OR ATTENDI ne haspital or DIRECTOR: A coched for use Dept. of Heal		22a.1 certify that (1) saw the deceas above, (1) (1) 22b. SIGNATURE	(this hosp ed alive ar did) raid a	view he bo	dy ofter death.	37.	nd that in (my) (and appinion of the control of the	MEDIC	AL STAFF		od from the	
TO HOSPITAL retained by it TO FUNERAL should be det with the State	23ø. E	PICHAR BURIAL, CREMATION,	. L.	WHI	ELTON 1230	NAME OF C	PHYSICIAN 28 ADDRESS EMETERY OR CREMATOR	Hous	OR PHYSICIAN [0000	ela	han

WHELTON 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

Georgetown Univ. Sch. April 16,1987

3900 Reservoir Road, N.W.

24 FUNERAL DIRECTOR

225 Missouri Aveoris, N.W., Wash. D.C. MAY 0 5 1987

Mortuary Services, Inc.

DHMH - 16 60M 7/84 (VRA 15, 4)

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D2 ## Constitution to the restaurant The property Collection St. December of the Collection of the

S	T	ATE	OF	MARYLAND	

1		STATE			DEPART	MENT OF HE	EALTH AND MENT	AL HYGIEN	IE				
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		CEASED NAME	FIRST	A	AIDDLE	LA	ST	20	DATE OF DEATH	MONTH	DAY YEAR	76 HO	UR
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4		RTHPLACE ISTATE	OR EOREIGN 7b.	CITIZEN OF	WHAT COUNTRY	? 8.	7. 10, 1	7 9	BALTIMORE CITY	OR COUNT	Y OF DEATH		
Я	C	OUNTRY VUIC	11a	11	< A.	MARRIED		IED 🔟	Monta	000	ril		
	10 CH	TY OR TOWN OF	•	. NAME OF I	OSPITAL NURSI	WIDOWED	D DIVORC		USUAL OCCUPA	TION	. HALKIND C)F BUSIN	ESS OR
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0	CE	21 a. ACCIDENT WAS		216. TIME O	FINJURY M MONTH [DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	URY IN ITEM 18	PART 1 OR PART 2)		
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		22a. I certify that	(this hospital) attended the	e deceased from	00		79	, to 4	20	. 19 6 /	tho (1)	(we) lost
		sow the deci	eosed alive on e) (did)Adid nal) v	4 D		0) . one	d that in my (our)	opinion dea	th occurred on the	date and ha	our and from the	couses st	oted
		226. SIGNATURE			oner deom	D	EGREE			5. 17	22r. DATE	SIGNED	
		Car	of W.	. you	May	M.		IDING I	MEDICAL ST.	AFF ICIAN []	41	29	87
		22d. PHYSICIAN'S	NAME (TYPE OR P	RINTY	1.		22e ADDRESS	1			W MI K	100	
		CARO	L W.	COAL	SLEON	MD	11510	CLED	GEDR		8-52	40	
	23n B	URIAL, CREMATIC	ON REMOVAL I	23b. DATE	231	NAME OF CE	METERY OR CREM		23d LOCATION		0 72		
	(:	SPECE Buria	1	5-4-8			wn Mem.	Pk.	ROCKV	ille	, Monto	7. M	ÎD"
		JNERAL DIRECTOR				Washi			EC'D. BY REGISTRA				
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1	9	corge r	. DIIOW	dell .	COCK ATT	10, 11	D20000		- MOL 7	100			

DHMH - 16 60M 7/84

retained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

or hem 18 sho

IMPORTANT: If Hem 21 is morked

(VRA 15, 4)

THE REPORT OF THE PARTY OF THE TAMPER HOLD CHARGA COLORS 10 (8 8c) - PS 0 03 Relts Started My X - Charles My 1888 19 wine water in 13 to 13 chart hands in many

2		FOR STATE) REGISTRAR	la la	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	11.852	
	(TYPE	OR PRINT) STEVE		Panti	li dr.	20. DATE OF DEATH MON	03 87 14.	244
,	3. SEX	M	White.	S. DATE O	7, 1915 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS	ER 74 MRS
6	We	STATE OR FOREIGN	U. S. A.	MARRIE		Montgomery	•	MD.
71	Ja	Love fact	WASH.	Haven +	or other institution	Printer, R	RKING LIFE) 126 KIND OF BUSI INDUSTRY EVIEW & He	rald.
3	Ma	Pyland. Pr.		esidence before admission) College P	134 INSIDE CITY LIMITS?		ore Ave. 20	740
1		eve Pantili	Sr.	LAST	Julia Julia	MIDDLE	zabo.	
2	60 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	9-42-2695	Jane Redi	ng. 3208 Ea	City. Mo. stern Ave.	
	TION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO	NOT RELATED TO THE TERM		ON GIVEN IN PART 110	SED
29	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JE ETHER NOTIFY MEDICAL EXAMINE ON THE CONTRIBUTION OF THE CONTRIB	21b. TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, FA	URY MONTH DAY YEAR 19 UURY CTORY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR	YES NOT NURY IN CITY OR TOWN	CERTIFYING CAUSES OF DE YES NO VIEW 18 PART 1 OR PART 2) COUNTY That (1) 22c. DATE SIGNE	STATE STATE (we) lost stated
_		22d PHYSICIAN'S NAME (TYPE).	Weltz 75	Es Jueno	1220 ADDRESS OM	newels	MD >0770	
		SURIAL CREMATION, REMOVAL	april 6-19	87 George		P 1 23 LOCATION P	G. Co	ONTATE
84	24 #	To Ochux Wel	Era) Ta	kpma Fune	ral Home: A	PR 9 1987	/ 1 mm 1 . D	date

DHMH - 16 60M 7/84 (VRA 15, 4)

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-1) Distance				
Cs/s/h				

					SIAI	E OF MARTLAND				
1	FOR			DEPART	MENT OF	HEALTH AND MENTAL HYG	IENE			
1 -	STATE REGISTRAR				CERTII	FICATE OF DEATH	8 7 REG. N	1 1	9 5	>
DEC	EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	OR PRINT)	ARTH	UR RAL	PH PASTOR	RE , J	r.	APRIL 2	4 1987		8:18 P
SEX		4	RACE			OF BIRTH	6 AGE (IN YEARS LAST BE		NE UNDER I YEAR	IF UNDER 24 HRS
	MALE		CAUCAS	IAN	APRI	L 22 1922 YEAR	65	YRS		HOURS MIN.
	OUNTRY)	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY			
	W YORK		UNITED	STATES	WIDOW	4.0	MONTGOM	ERY C	County	MD.
) CI	BETHESDA	ATH 1		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF WRITER-TE	OF WORKING LIFE	INDUSTRY	ation
SUA	L RESIDENCE (IF NUR	SING HOME OF C	THER INSTITUTION			AND INCOME CITALINATED	Lis CYPETY ADDRESS	/ 710 CODE		
	RYLAND	MONTO		CHEVY CH		138 INSIDE CITY LIMITS?	13e.STREET ADDRESS 5500 FRIE		BLVD.	20815
	THER'S NAME			1444		15 MOTHER'S MAIDEN NA	ME			
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a V	ANT ITC					17 INFORMANT	ADDR			
	YES	I (IF YES, GIVE	WAR OR DATES)	054-24		ANNA L. BROO	KS.4515 WTI	LARD A	AVE. CH	EVY CHAS
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3	PART I. DEATH V								BETWEEN	INSET AND DEATH
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			DUE TO, C	R AS A CONSEOU	JENCE OF					
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	gove rise to im couse (a), stati	ng the	DUE TO . O	R AS A CONSEQU	JENCE OF					
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	PART 2 OTHER SIG	NIFICANTCO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	
S	10000									
CERTIFICATION	190 DATE OF OPERA	MOITA	19b COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	, WERE FINDIN	GS USED
Ĭ	TRUE AND						YES X NO	1	YING CAUSES	OF DEATH?
N.	210 ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR			4.8.7	
	OR CONTRIBUTING		n	M. MONTH D						
	11d INJURY OCCUR			OF INJURY	19	211 LOCATION				
MEDICAL		THILE		REET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that ()) (this hospite	ol) ottended th	ne deceased from,	APRII	. 23 19_87				that (I) (we) lost
	sow the deceo	sed olive on_	APRIL	24 19	87.0	nd that in (my) (our) opinion	death accurred on the d	ote and hour	and from the c	couses stated
	226 SIGNATURE	(0.0)	A Dody	oner ocom.		DEGREE			22c. DATE S	SIGNED
	mo	noha	Pere	lah.	M		MEDICAL STA	FF	1271	FBraf
	22d PHYSICIAN'S N	IAME (TYPE OR	PRINT			22e ADDRESS NAVA	L HOSPITAL			
	M. PII	ERDINO	CK, LCD	R. MC. U	SN	BETH	IESDA, MD 20)814-50	011	
Ba B	URIAL, CREMATION	. REMOVAL			NAME OF	emetery or crematory and Veterans			COUNTY	STATE
	Burial			987		etery	Chelten	am. N		
FL	NERAL DIRECTOR	obert		mphrey		ral Home 150 DAT		25h REGISER	PARIS SIGNA	IRE
B	ettresda	Chevy	Chas	e, Inc.	145	MA MA	Y4- 1987	pula de	Magaz-1/	
5	57 Wisco	nsin	Ave. B	ernesda	MID	ZUBI4 I IVIM	1 7 1001			

DHMH - 16 60M 7/84 (VRA 15, 4)

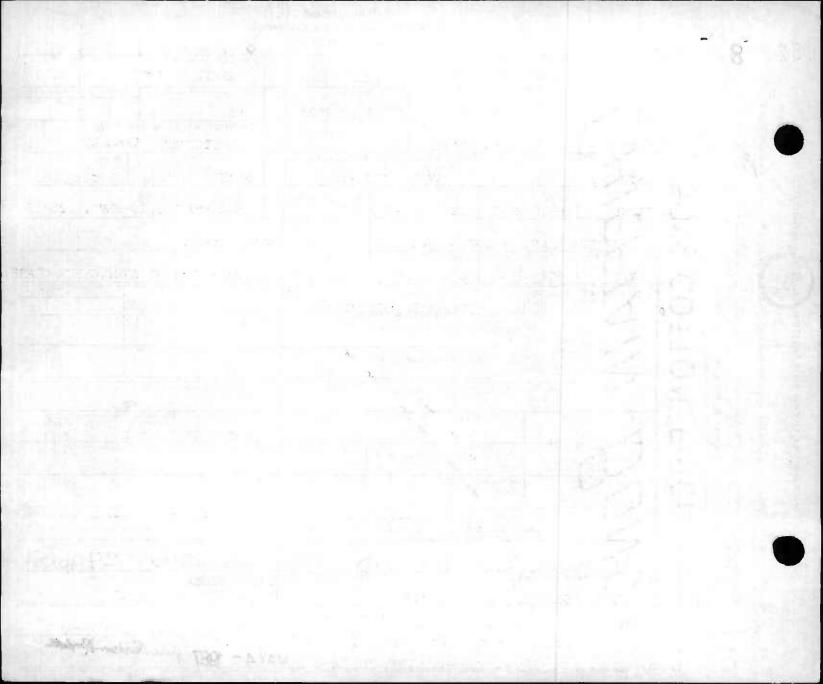
TO FLACEAL DIECTOR: After this certificate has been signed by the others in principle in deposited for one on the burnel forms principle and because companies on the face beautiful from the burnel, cremotion or entered

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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injury, or other froumatic event.

MPORTANT: If sem 21 is marked of sem 18 shows any



501	0 0 111	1	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		E		and the same of th	
00	0 0 16		REGISTRAR							REG. N		8 5	4
	2.3		DECEASED NAME	FIRST		WIDDLE	ı	AST	20	DATE OF DEATH	MONTH DA		26 HOUR
, pe	eo eo	1	BUEL W. PA	ICH							04/27	/87	М
E OE	2 10X	3	SEX		4. RACE		5. DATE C			AGE (IN YEARS LAST BI	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
4	rector, page 3 urs after death	-1	MALE		CAUCAS	TON	01	/31/1899	`	88	YRS.		
Pood	Page Page	183 ₁₉ 7	BIRTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8.		9 E	BALTIMORE CITY		F DEATH	
death.	uneral mn Z2	X	Massachi			. A .	WIDOWE			MONTGOME			MD.
9	de x man	A	D. CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN THEACHTY, GIVE STREET.		OR OTHER INSTITUTION		USUAL OCCUPAT			F BUSINESS OR
0 0	e ed t	0	BETHESDA			BAN HOSPI				Journa			ivate
4 hour	led in		SUAL RESIDENCE (IF NO 30. STATE	136 COU	NTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMIT	ITS? 13e	20817 STREET ADDRESS	/ ZIP CODE	Bethe	sda, M. D
in 2	(E)	2	MD L FATHER'S NAME	MONI	GOMERY	Bethes	o Class	YES NO 15. MOTHER'S MAIDE		6403 Eas	st Hal	bert	Rd.
weth w	letel.	7	FIRST		MIDDLE	LAST		FIRST	IN INAME	MIDDLE		LAS	
Pa	Ide II		Dr. Fran		W.	Patch		Kate	47.55			Whiti	
Llimon.	ion and c irs. Pages he medica	1	SO. WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	039-18-	0438-	Lee W.	Step- Shi	-Daughte oman Ro	£ 640 Bethe	sda, M.	t Halbe D. 20817
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIYSICIAN: The low requires that the death certificate be executed within 24 hours	by the attending physises remove carbon pap , cremation, ar remova other traumatic event,		Conditions, if or gove rise to in cause (a), sta underlying cau	IMMEDIA my, which mmediate ting the	DUE TO, C	PR AS A CONSEQUE	ENCE OF	tron	1	Um	and	2/	and the second
requires †	Then plean to buria			GNIFICANT	CONDITIONS C	ONTRIBUTING TO E	NY AV	NOT RELATED TO THE	TERMINA	L DISEASE OR COM	IDITION GIVE	N IN PART 100	31
he low	has been it permit.	7	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20e AUTOPSY?	IN CERTIFY YES		
SICIAN	ding physici is certificate burial-transi Mental Hygi or Item 18 sh	AND THE REAL PROPERTY.	OR CONTRACTOR	CAUSE OF DE			AY YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJI	JRY IN ITEM IS PAR	RII OR PART ?)	
AG PHYS	After this cas the burelly and Me			WHILE U		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	C-0	CITY OR TO	I +	COUNTY	STATE
ATTENDIR	CTOR: All for use of Health in 21 is ma		220 I certify that saw the dece- abave. (1) (we	ased alive a	4	Atter Seath		nd that in (my) (or) ap	pinion deat	th accurred on the c	date and hour	and from the	
TAI OR	by the ha ERAL DIRE e detached State Dept	,	The Signature	12	1/	ink	1	ATTENDII PHYSICI.		AEDICAL STA		7/5	7/17
0	AN STORY	/	22d. HYSIGIAN'S	NAME GTYPE	OR PRINT}			22e. ADDRESS	/		/	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL

Cremation

(SPECIFY)

^{24 FUNERAL DURECTOR} Illiam Lee's Son's Company 300 4-th St N.E. Washington, D.C. 20002

236 DATE

4-29-87

Crematory

23d. LOCATION City OR LOWN

Washington, D.C.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAY 1 2 1987 Julia Dioidon Radas

es vi + Fl a Literature de 1910 de després de la constitución de AND THE RESERVE

requires that the death certificate be

ATTENDING PHYSICIAN: The low aspitol or offending physicion.

TO HOSPITAL retoined by the

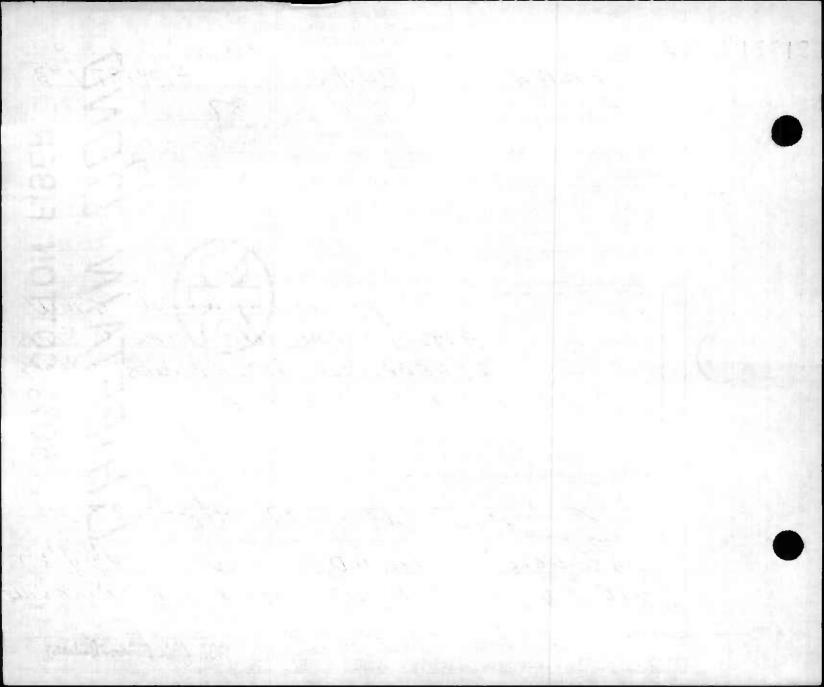
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CTATE OF MADYLAND

R 29	FOR STATE REGISTRAL	1		DEPARTA	MENT OF H	EALTH AND A	MENTAL HYG	IENE 7	REG. NO.	1 8	5 5
	I. DECEASED NA/	FRI		MIDDLE	D	EAX	_	20 DATE OF I	4/3	1/87	26 HOUR 5
7	3. SEX	emale	1. RACE	hite	S. DATE C	DAY DAY	VEAR	8	PS LAST BIRTHDAY,		HUNDER 24 HRS
1	70 BIRTHPLACE COUNTRY) Hungar	У	U.S.	A . HOSPITAL, NURSIN	WIDOWE		ORCED [County	M F BUSINESS OI
10	Rockvil	.1e	Hebrew	Home of	address) Greate				OR MOST OF WORKIN	G LIFET INDUSTRY	ome
30	Maryland	i Mont		Rockvil	'N	YES X	TY LIMITS?	6111	ODRESS / ZIP CO	Road (2	0852)
exomin (FIRST		WIDDLE	Welles		Ro	s e		MIDDLE 11es		opper
medica	160 WAS DECEAS (YES, NO OR UNK)	ED EVER IN U.S. AF NOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	067-10-4		Gloria		:Daugh		a, Md. 20 Peck Pla	
impatic event,	PART I. I	DEATH WAS CAUSI	TE CAUSE (a)	or line by (a), (b), and	ENCE OF	Rali	ne s	SEART	DISEA	d 5	MIL VEA.
)	gove rise cause (a underlying	to immediate , stating the	(10	RAS A CONSEQUE	PA C	(176)	A.		10SCLER		YEAR
ony injury	NO	PA-10 FOPERATION	2KII	V S ON	15	DI	SEA	200 AUTOR	SY? 20b. IF	YES, WERE FINDIN	NGS USED
	OR CONTRIBUTE	IT WAS UNDERLYING [ITING] CAUSE OF DE	ATH HOUR A		AY YEAR	21c. HOW IN.	JURY OCCURR		NO PARE OF INJURY IN ITEM	YES 🗌	NO 🗌
ork at or he	_	OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE F		21f LOCATIO	N		CITY OR JOWN	COUNTY	STATE
m 21 is mo	saw th	that (this hasp e deceased alive ar in (we) (did) (did	1//	24 19			, 19 opinion o	, to	an the date and l	hour and from the	that if (we) lo causes stated
ANT #	226 SIGNA	Lew	CCC DR PRINT)	Lyso	Lon				PHYSICIAN [4/3	4/8
IMPORTANT	37 BURIAL CPEA	EVEN	23b DATE	-1P5	NAME OF C	612		ONTE	OSE X	P, RO	OCKV
	Buria1		4/27/8	Bet	h Isr	ael Cen	neterv	CITYO	RIOWN	New Jers	STATE
7/84				DBERG MEM			API	72819	87 Julia	Dander . R	mary)

DHMH - 16 60M 7/84 (VRA 15, 4)



ed in by the funeral director, page 3

executed within 24 hours after death. Page

STATE OF MARYLAND

1-	FOR STATE -REGISTRAR		DEPART		EALTH AND MENTAL HYG	0 7	1 1	100	,
0.0	1		MIDDLE		467	REG. N		0 5	D
	00.00		MIDULE	0	000 10 4	20. DATE OF DEATH	. /	- 0-0	b HOUR
	FRANK			PE	DREIRA, Sr.		4 27	87 1	1.30 AN
3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF		FUNDER 24 HRS
	Male	Caucas			st 29,1905	81	YRS.		MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	2 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
	pain	United	States	WIDOWE		Montgome	ery Cou	nty.	ME
10. C1	Olney	BROOK	E 6 ROL	TADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O ASST. FORM	ION	17h KIND OF B	merica d Co.
13a S Ma		or other institution UNITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Gaither:	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 18700 Wall		oice Ro	ad/208
14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE			
	Manuel	MIDDLE	Pedrei	ra	Josephine	MIDDLE		Seiva	ne
	VAS DECEASED EVER IN U.S.		166 SOCIAL SEC		17 INFORMANT Dr	Frank Pedre	Stra. S	on.	
	yes, no or unknown) (1# yes.	GIVE WAR OR DATES)	141-05-	1311	18919 Dairy R				and 20
CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEOU	JENCE OF OSCIETO	ardial Infarct rotic Cardiova NOT RELATED TO THE TERM N WAS PERFORMED	ascular Dis	DITION GIVEN	VERE FINDINGS	S USED F DEATH? NO [
CER	710. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D	19					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I) (this ha	spital) ottended th	e deceased from	4-14	19 87	to 4-27	19	8.7 tho	(we) lost
	sow the deceased alive	on 4-24	19	87 .01	nd that in (m) (our) opinion (deoth occurred on the d	ote and hour a		J
	obove((I)(we)(did)(did	not) view the body	ofter death.		DEGREE			77c DATE SIC	SNED
	18000 11	0		MD	ATTELIE	MEDICAL STA	FF _	4-27	
	224 PHYSICIAN'S NAME (TYP	۷,		MID	PHYSICIAN X	DIRECTOR PHYSIC	CIAN	7-67	-0/
	TED E.	HOWE			OLNEY	MARYC	AND		
23a E	BURIAL, CREMATION, REMOV	23b. DATE N	ICL V		er's Cemetery	New Brun	swick	New New	Jersey
24 FL	NAME ROCKVIII	e, Inc.	phrey Fu	neral	Home/ 25a DAT	R 2 0 1087	11 1 000		lace

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by, the attending physician and comple should be detached for use as the buriol-transit permit. Their places emave corban papers. Pages I and with the State Dept. of Health and Mittell Writing and to behalf, cremation, ar remayal. IMPORTANT: If them 21 is marked a man

retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

BP.

no an njury, ar ather troumotic event, the



STATE OF MARYLAND

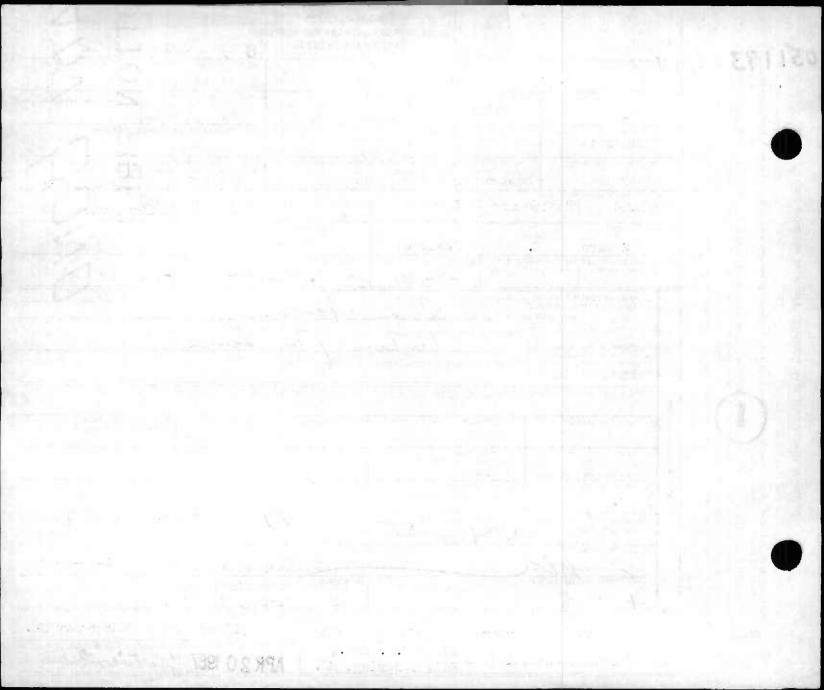
1		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE PEGISTRAR CERTIFICATE OF DEATH									a 2
051	193 1182	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	-	LAST	REG. 1	MONTH	DAY YEAR	75 HOUR
	oth oth	(TYPE	OR PRINT)	D.	1	Marie	Pfli		April 16,		DAT TEAR	9:53A M
	poge deot	3. SE	(4 RACE			OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	ector,		Female		Whi	te		ember 21,1923	63	YRS	MONTHS DAYS	HOURS MIN.
•	herol dir.		Tennesse		76 CITIZEN OF US	what coun A	TRY2 8	IED 🔀 NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	MC
10	by the functified within		ty or town of d Olney	EATH	11. NAME OF (IF NOT IN SUI Montgo	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Realtor	TION		F BUSINESS OR
BALTIMORE, MARYLAND 21201	filled in ould be		AL RESIDENCE IF NO		gomery	GIVE RESIDENCE		13d. INSIDE CITY LIMITS? YES NO	3701 King	(ZIP COC Willi		
AARYLA	mpletely ond 2 sh	14. FA	THER'S NAME FIRST Edwar	d	MIDDLE C.	Brac	lford	15. MOTHER'S MAIDEN N FIRST Daysi			BOW	ers
MORE, A	Poges 1	- 0	VAS DECEASED EVE (ES. NO OR UNKNOWN) Ves	ER IN U.S. AF	MED FORCES?		SECURITY NO	John H. Pf1	ADDI			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALI	is that the death certificate be do by the attending physician release remove carbon papers buried, cremation, or removal.		18. CAUSE OF DEATH Conditions, if or gove rise to i couse (o), sto underlying cou	MAS CAUSE IMMEDIA ny, which mmediate string the use lost.	DUE TO, C	OR AS A CONS	EQUENCE OF	Jarlu in 17he	Leveen			MATE INTERVAL PMSET AND DEATH
AL RECORDS	The state of the s	CERTIFICATION	19a DATE OF OPER	RATION	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERT	ES, WERE FINDIN IFYING CAUSES ES []	
N OF VIT	SICIAN, T ng physic certificate montal hyp	MEDICAL CER	710. ACCIDENT WAS L OR CONTRIBUTING [(IF EITHER NOTIFY MI	CAUSE OF DE	ATH HOUR A	.M. MONTH .M.	DAY YEA	R	IRRED (ENTER NATURE OF IN)	URY IN ITEM 18	PART OR PART 2)	
OIVISIO	offer this of the bird of the bird N	MED	21d. INJURY OCCU	WHILE WORK		OF INJURY REET, FACTORY, OI	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
•	AL OR ATTENDI the heightol or AL DIRECTOR, A model for use as Dept of Heal T. if New 2 1s m.		27a I certify that		ottended the body			ond that in my (our) opinio DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	
	O FUNÇILI O FUNÇ	-	Alan Col					220 103975 Con		≥.		
	DD		SURIAL, CREMATION		23b. DATE	1087		CEMETERY OR CREMATORY Heaven	23d LOCATION Silver S	nring	MODT COM	erv Ma.
	BP		Bur	rial	4-20-	1301	Gate 01	Heaven	PITAGE	LITIE	1101168011	ory ma

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home (VRA 15, 4)

11800 N.H. Ave., Silver Spring, Md.

APR 20 1987 Julia Deviden Reduce



	1-	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	REG. NO		8	5 8
		OR PRINTS	FIRST 4. RACE	MIDDLE	hou	ng pening	04	OF DEATH N - 1 - 8	7	Y YEAR	345AM
7	7a. B1	Female RTHPLACE (STATE OR FOR	Asia	what COUNTRY?	MONTH 2	10 1894	0	AORE CITY OR	YRS.	ONTHS DAYS	HOURS MIN.
/		Viet Nam	U.S.		WIDOW	D NEVER MARRIED DED DIVORCED DO OTHER INSTITUTION		ONT 90		4	MD
)	20	heaton	Univers	ity Conv	ales o	cent N. Home	(TYPE OF W	ork for most of omemak	WORKING LIFE)	INDUSTRY	of Business or
5	13a S	aryland N	b COUNTY Iontgomery	Derwood	ADMISSION	13d. INSIDE CITY LIMITS?	13e STREE 5 A1	T ADDRESS /	ZIP CODE Court	20855	5
1		Phuong	Cam	$\mathbf{\hat{L}_{y}^{\scriptscriptstyle{AST}}}$		$\mathbf{L}\mathbf{y}^{\epsilon_{JRST}}$	AME	WIDDIE	T	hi LAS	j1
	10	NAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT Khanh Hong (d	Grand laught			le	
		Conditions, if ony, we gove rise to immediately course (a), stoting	DUE TO, Ol	Pefor Foll (b), one SECULD RAS A CONSEQUE RAS A CONSEQUE	NCE OF	g paurie	>			-	IMATE INTERVAL ONSEL AND DEATH
	ATION	PART 2 OTHER SIGNIF	Us Deste	e ar	ALO	NOT RELATED TO THE TERM	X	Steal		WERE FINDIN	
X	CERTIFICATION		N/10-77-11				YES [NOX	IN CERTIFYI YES	ING CAUSES	OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLOOPED OR CONTRIBUTING CAU	SE OF DEATH HOUR A.	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER	NATURE OF INJURY	IN ITEM IB PAR	1 : OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY EET, FACTORY, OFFICE, FA		21f LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE
i		sow the deceosed obove, (I) (we) (did	olive on (did not) New the body	192	7	nd that is (my) (gur) apinion	death occur	rred on the date	e and hour o	and from the	that (liwe) ast couses stated
		226 SIGNATURE MUYRO	n & de	upn		DEGREE ATTENDING PHYSICIAN	MEDICA			11.29	187
		MYRON	E (TYPE OR PRINT)	ENKIN	MO	22e ADDRESS	309	SHORE	FIELD	RI	

23a BURIAL, CRE

MPORTANT: If Hem 2

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 23b DATE 4/2/87

23c NAME OF CEMETERY OR CREMATORY
Mt. Comfort Crematory

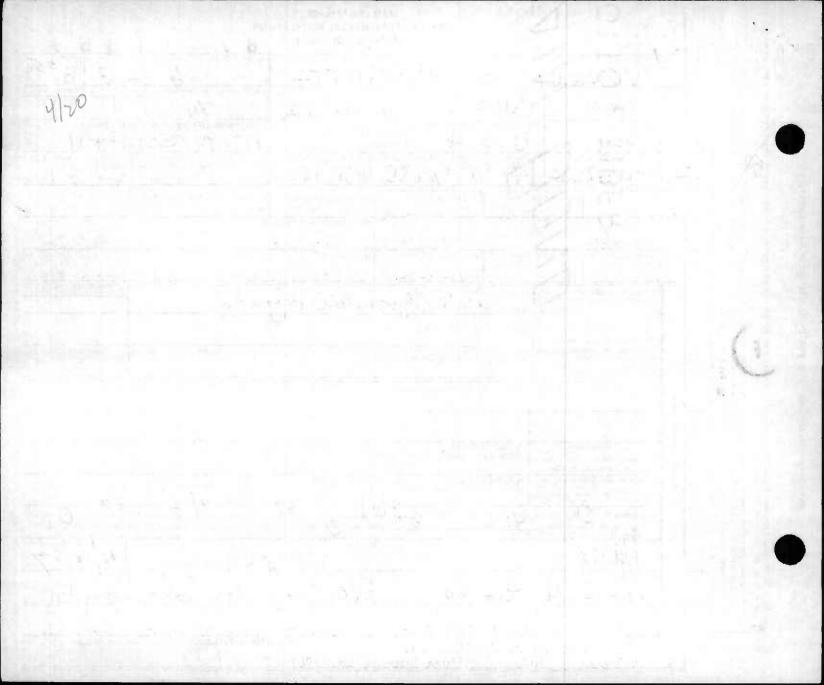
Alexandria, Virginia

APR - 6 1987 Julia Derden Kandale

1331 Rockville Pike, Rockville, Md. 20852

4/10 CLVE III. III. SERIES CITE F ATT. (0,0) 11472 1 St. 11 5 141 -THE PROPERTY OF THE PARTY OF TH

	1	FOR	D.F.		OF MARYLAND				
	1.	STATE REGISTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	Q 2	1 1	0 0	
1447 APR	I. DE	CEASED NAME FIRST	MIDDLE		AST	REG. N	MONTH DAY	O S	26 HOUR
ege pe		ORPRINT) / INICE ALT	5	Pisc	OTTA	THE DATE OF DEATH	11 12	- 87	254
4 may b or, page ofter deo	3. SE	X MARRO	ALVA TITE	5. DATE C	- DAY YEAR	6 AGE (IN YEARS LAST B		UNDER TYEAR	IF UNDER 24 HRS
lirecte ours o	7. D	RTHPLACE (STATE OR FOREIGN 7h	Al Casia		29 12	74	YRS		
22 ho	70. 6	RTHPLACE (STATE OR FOREIGN 7b.	U.S.A	MARRIEI WIDOWE	MNEVER MARRIED	MOTO TO	OR COUNTY O	NER	y MD
50 68	10 0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N	URSING HOME C	ACO LA	120 USUAL OCCUPA (TYPE OF WORK EOR MOST	OF WORKING LIFET	INDUSTRY	BUSINESS OR
None Services	USU	AL RESIDENCE (IF NURSING HOME OF OTH		BEFORE ADMISSION)	NOSI CIAF C	Payroll L		Dept.	Of Labor
showld	Mo	aryland Montgo	mery Silve	r Spring	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS			20901
amplete ond 2	14. F7	FIRST MIDE	DLE LA	ST	15. MOTHER'S MAIDEN NA	WE		LAST	7
	160 V	Domenic. VAS DECEASED EVER IN U.S. ARMEI		isciotta SECURITY NO.	Angelena 17 INFORMANT	ADD	PESS	M	nore
Poges		YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)						11 4 40
te be		18 CAUSE OF DEATH (Enter only o		10-4444	IMelissa G. P.	isciotta	wife	APPROXIA	AATE INTERVAL
g physion pop		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C		Myoc	arolail dof	netim		BETWEENO	NSET AND DEATH
no in or			DUE TO, OR AS A CON	SEQUENCE OF	O				
Tround Tround		Conditions, if any, which gove rise to immediate	(b)						
d belle learningle crem or other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF					
quires fhen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN	IN PART 11a	
no. no. hos beer permit nne prior wws ony i	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO V	IN CERTIFYIN	VERE FINDING	OF DEATH?
N: The strong of	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE		YES [NO 🗌
SHCJAP ng ph certific riol-tr entol I frem A	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTI	H DAY YEAR					
F S P P	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
NG P offer the os the orked	~	AT WORK NOT WHILE AT WORK		11.	1 00	4/	la	27	
Heol R		220.1 certify that (f) this haspital)	oftended the deceosed		d that in (A) (our) opinion	, to	. 19.		hat (II) (we) last
ATT ospit ECTC ed fo		one, (I) (ave) (did) (did nat) vi	ew the body after deoth.		DEGREE	death occurred on the c	date and hour or	-	
Y the h y the h RAL DIR detoche hote Dep		Multy			ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	22c. DATE S	2/87
- 0 m o 0 >		22d PAY CIAN'S NAME (TYPE OR PRI	11		22. ADDRESS	. A C	1-1	0 -	1
etoined TO FUNI should by with the		MARIC H.	TIG MD		780 georg	in fre	silver	any	14
	1111	SPEC IFY)	3b. DATE		EMETERY OR CREMATORY	23d. LOCATION		VINUO	STATE
BP					ill Cometery	Suitland E REC'D. BY REGISTRAI	Prince RISS REGISTRA	George R'S SIGNATI	s Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME FRANCIS 10 University Blv	J. Collins			4-17-81	1	2 3.311710	
A P. L	71	W WILLIAM DEV	u. w., 5/2/VI	ar shirth	WILL - Z (1 7 1) 1		1		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR 1 SEX Fomalo Caucasian To. BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED El. Salvador. Salvador WIDOWED M'CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING HEET INDUSTRY Holy Cross Hospital Cashier Silver Spring USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ME COUNTY 13e STREET ADDRESS / ZIP CODE Pn Huattsville. Geo 8133 15th Avenue 20783 Maruland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Castellanos Jose Pocasangre Juana ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE VES GIVE WAR OR DATES! 218-02-9898 Lenore Pocasanare Sister Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY MALIGNANT IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN STREET AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 274 Lecrify that this haspital lour) opinian death occurred on the date and hour and from the causes stated and that in (my) (li) (did) (dig not) view he bady after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/8

d b

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Burial April 13, 1987 Gate of Heaven

14 FUNERAL DIRECTOR Francis J. Collins, pp. 17.

Silver Spring Montgomeri 250. DATE REC'D. BY REGISTRAR'S SIGNATURE

500 University Blvd. W. Silver Spring, Md.

ADD 1 = 1007

0305 NO ENSTRENT TORRESTED IN Millian Silver X

deoth Poge

physician and connormal property on papers. Pages

STATE		

DEPARTMENT OF HEALTH AND

MENTAL HY	GIENE				- 179		
DEATH	8	1	REG. NO	1	8	6	

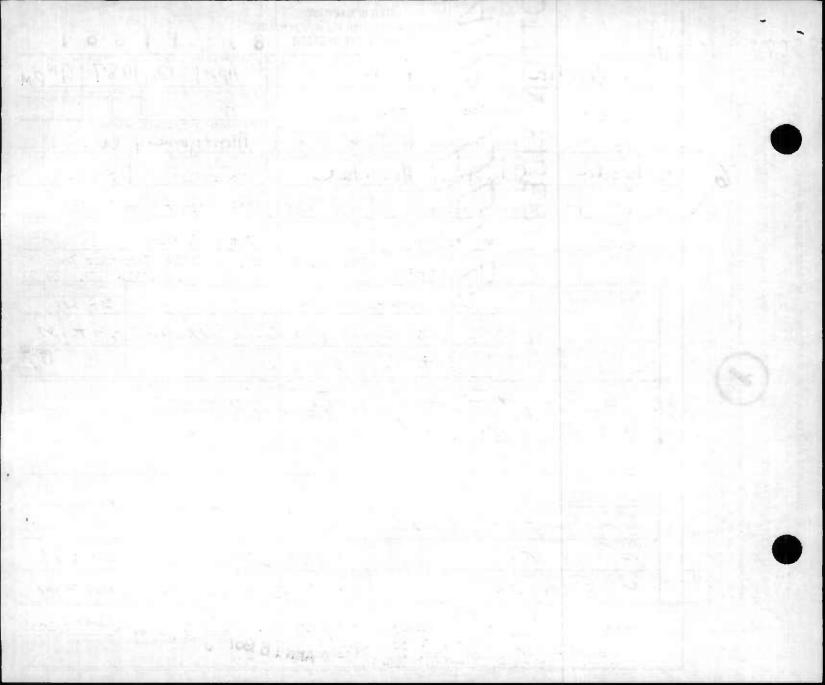
	FOR STATE				EALTH AND MENTAL HYG	IENE	1 1	2 6	1
-	REGISTRAR			CEKIII	ICATE OF DEATH	O REG. N		0 0	1
	CEASED NAME FIR		B.	20 ct	AST	April	12 1	987 6	A POM
3 SE		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
	Female	Caucasi	an	June	4 4000	87	YRS	DATS HO	DURS MIN.
	IRTHPLACE STATE OR FOREIG		VHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	ew York ITY OR TOWN OF DEATH		OSPITAL, NURSING		DROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE)	12b. KIND OF BUINDUSTRY Own Ho	
130. S Ma:	ryland Mo			DMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4949 Batte	/ ZIP CODE		
H) F/	ATHER'S NAME FIRST Thomas	WIDDIE	Briody		15. MOTHER'S MAIDEN NA FIRST	ME Not avail	able	LAST	
	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECUR 214-32-88		Mr. Robert P		120 Lux lockvil	le. MD.	20852
	18 CAUSE OF DEATH IER PART I. DEATH WAS C	iter only one couse per l AUSED BY: SEDIATE CAUSE (0)		yell exit	e short			APPROXIMATE BETWEEN ONSE	
	Conditions, if ony, who	ch ((b) /	AS A CONSEQUEN	ICE OF	m/grekal	eme alle	den	24 t	Log'
	couse (o), stating to underlying couse lo	he DUE TO, OR	AS A CONSEQUEN	Ken	· Failur			//	(3-1)
NO	PART 2 OTHER SIGNIFIC	ant conditions co	Co Gast	ATH BUT	NOT RELATED TO THE TERM	d'aubre	IDITION GIVEN	N IN PART ITO	
CERTIFICATION	12/26/8	7 196 CONDIT	ridy las	/	WAS PERFORMED	200 AUTOPSY?	206 IF YES, VIN CERTIFY IN	WERE FINDINGS ING CAUSES OF	USED DEATH?
	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.A	A. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE (AT WORK AI WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FAR	IM. ETC)	21F LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (1) (this sow the deceased of above. (1) (we) (did)(19 8	12/	nd that in (my) (our) opinion	to death occurred on the d	ote and hour a	ond from the cous	(we) lost ses stated
	276. SIGNATURE				DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIG	187
	122d PHYSICIAN'S NAME	(TYPE OR PRINT)			391) /22	urmo	Dr c	wheeth	- Med
23a	BURIAL, CREMATION, REM (SPECIFY) Burial	11	LLTT		EMETERY OR CREMATORY Washington Cer	m. Adelphi		COUNTY	ryland
24 F	UNERAL DIRECTOR ROL NAME Bethesda Avenue				Home / 25a DAT	ERECOUNT REGISTRAT			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit periorith the State Dept. of Health and Mental Hygiems retoined by the hospital or attending physician TO HOSPITAL OR ATTENDING PHYSICIAN: The

IMPORTANT: If them 21 is marked or them 18 sho



C	FOR 1 - STATE 7 REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE / REG. NO	1 1 8	6 2
3	1. DECEASED NAME FIRST (TYPE OR PRINT) Alexa	andra MIDDLE		olydoroff		04 03 87	26 HOUR 10:47
	3 SEX Female	4 RACE White	MONT Ap2		6. AGE (IN YEARS LAST BIRTH	YRS.	
7	71. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) RUSSIA 10. CITY OR TOWN OF DEATH ROCKVILLE	7b. CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, 4904 Morni	MARRIE WIDOW	OR OTHER INSTITUTION	9. BALTIMORE CITY OR Montgome 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF) Homemaker	ery INDUSTR	O OF BUSINESS OR
3	JSUAL RESIDENCE (IF NURSING HOME 130, STATE 13b, CO) MD MON	UNTY 13c. CITY	ence before admission) OR TOWN ckville	13d. INSIDE CITY LIMITS?		zip code ing Glory C	Ct./20853
	FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	Unknown		LAST
	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	only one couse per line for (CSED BY: ATE CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	-SYST8/E ONSEQUENCE OF	Theodore Pol		APPR BETWEE PS CO	OXIMATE INTERVAL EN ONSET AND DEATH OUTD
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTHY MEDICAL EXAMINATION OF COURTED)			ON WAS PERFORMED	YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
	220.1 certify that (1) (thus her	HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET FACTOR 1 PURITY OF THE PLACE OF THE PLAC	NTH DAY YEAR 19 (Y) RY, OFFICE, FARM, ETC.) ed from	21f LOCATION STREET	city or tow to Appella death accurred on the data	22c DA	STATE
	Thomas Doo	Ley	23c. NAME OF C	17904 Georg	23d LOCATION	ey MD 308	
1	(SPECIFY)	1. 16 100		- mf- mt Common ho	CITY OR TOWN	COUNTY	STAT

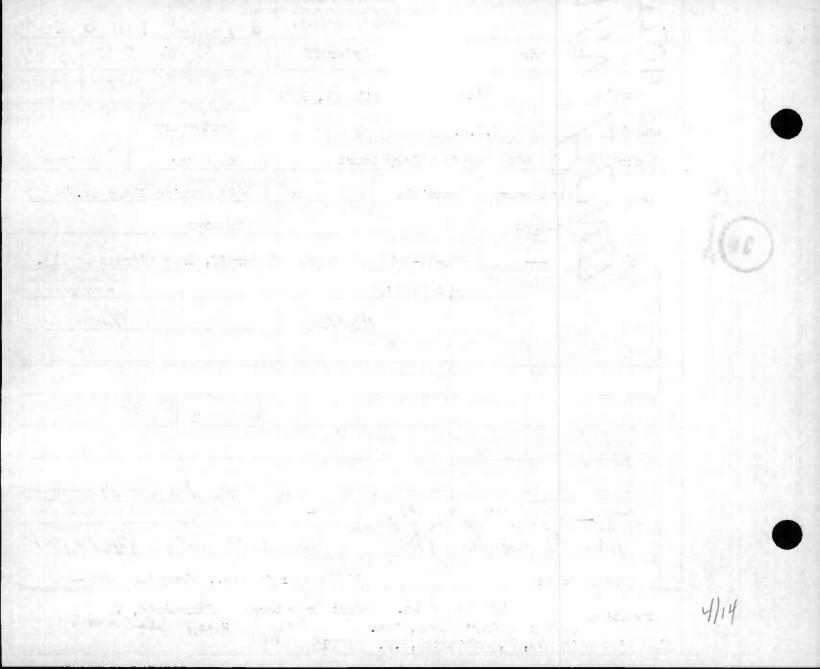
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending the should be detached for use as the buriol-transit permit. Then please remove carbents with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or imma MADRIANI; If them 21 is marked or them 18 shows any injury, or other troumotic even

Cremation 4/6/87 Mt. Com
The Funeral Director Joseph Gawler's Sons, Inc.
5130 Wisconsin Ave, NW, Washington, D.C.

APR

20016



STATE OF MARYLAND

DEP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CF	RTIFIC	ATE	OF	DEATH	8

1	REG.	NO		8	6	3
ATE OF	DEATH	MONTH	a	09	· 87	12.1

	FOR 1 - STATE REGISTRAR	· ·		IEALTH AND MENTAL HYG	8 / REG. NO		8 6	3
	L DECEASED NAME PRINT)	STHY MIDDLE P	F	SRTER.	To Drite Or Derini	OH. O	9.87	12.15 pm
	3 SEX Female	whit e	S DATE O			KRS NON	UNDER I YEAR	IF UNDER 21 HRS HOURS MIN.
1	70 BIRTHPLACE (STATE OFFOREIGN COUNTRY) YORK	16 CITIZEN OF WHAT CO	MARRIE		Montgomery		FDEATH	MD.
0	OLNE!	SHARON	NURSING	HOTCE.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF housewife	WORKING HEEL	12b. KIND O INDUSTRY	OF BUSINESS OR
4		NTY 13c CITY	OR TOWN 100	13d INSIDE CITY LIMITS?	4826 Margen	ZIP SOPE	20832	
5	14 FATHER'S NAME UNK	MOORE	(AST	15. MOTHER'S MAIDEN NAI ÜNKOWN	MIDDLE		LAS	if
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) INFYES GI		-01 -7430	Howard Porter	r 11605 AGT Beltsville			
	18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per line for io ED BY: .TE CAUSE (a)	Mulen	nin				SANT AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	As	ni St				
	PART 2. OTHER SIGNIFICANT	Langux		NOT RELATED TO THE TERM	THE AUTOPST	20b. IF YES, WIN CERTIFY IN	VERE FINDIN	NGS USED
1	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	NTH DAY YEAR	21. HOW INJURY OCCURS	RED (ENTERNATURE OF MILLER	Halfin II PART	I OR PART 2)	
	AT WORK	21e PLACE OF INJURY	RY OFFICE, FARM ETC	Mes 76	G A	-0	COUNTY	STATE
1	Dertify that Withis hosp	4/3	th. 1981 ar	nd that in (my) our) opinian o	deoth accurred an the do	te and have a	nd from the	
	1		cu	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌	4/9	/87
l		llers, us		Duey, in	d. 20832	y touse:	11 a. Pc	0
	230 BURIAL, CREMATION, REMOVAL Cremation	4/10/87	23: NAME OF C	EMETERY OR CREMATORY	Alexandra	Fairfa	ex™ Vi:	rgina"
	24 FUNERAL DIRECTOR		1100 -	25a. DAT	E REC'D. BY REGISTRAR 2	Sh REGISTRA	R'S SIGNATI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

10 FUNERAL DIRECTOR - should be detached for use with the State Dept. of Hea APORTANT, If them 21 is

Borgwardt Funeral Home

100 Powder Mill Rc. APR 1 4 1987 Julia Dividen Rendelle

Beltsville, Md.

WELL BUT July Toler of Long

051569 AP	15	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA	MENTAL HYG	IENE 8 7	REG. NO.	1 8	3 6	of all
nay be page 3	(TYPE		VRU VRU	1	MIDDLE	POR	2 toN		26. DATE OF	DEATH MON	20	1987	26 HOUR 7:35 PM
oge 4 r rector, vrs afte	3. SE.	MALE	_	Whit	_	S. DATE O	F BIRTH	1906	80	ARS LAST BIRTHDAY	YRS.	DAYS	HOURS MIN.
death. Pe	U	ASh. DC		US	WHAT COUNTRY?	WIDOWE		ORCED	Mo	NH GIO	meR	y	MD.
ors offer	10. C	IT OR TOWN OF DEA	11/67	IF NOT IN SUC	HOSPITAL, NURSII HEACILITY, GIVE STREET LICK	ADDRESS)	R OTHER INST	TUTION		CCUPATION CRETIT	RKING LIFE) IN	NOUSTRY	BUSINESS OR
in 24 hour hough in the hour hours to hour to	130	Yld	13b COUN	OTHER INSTITUTION.	ISCHES OR TOV		X_X	NO 🗌	13e STREET AI	PRESS / ZIP	CODE	PY	1/0 (2085)
ompletel		Louis		MIDDLE	Porton		Fa	maiden name nnie	ME	MIDDLE		Rock	
be executed on and considers. Pages		VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes		E WAR OR DATES)	577-03-		Hanna		lich;ll	AROCK 801 Rock	ville, ckvill	e Pik	
g physici conpoper event, th		PART I. DEATH W	AS CAUSEI	ly one couse per DBY: E CAUSE (o)(line for tol, (b), or many	stre	· fee	rl Fa	iller	2		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
recorb co		Conditions, if any, gove rise to imm couse (a), stating	ediote	(b)	R AS A CONSEQU	rsch	rotu	Her	rt De	slas	0	Yea	21
Greenhar Igned by Paritials or Ory, or oth	z	PART 2. OTHER SIGN	lost.	(c)_			NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIC	ON GIVEN IN	PART 1:a	
has been permit. It ame prior to	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	Oscala RMED	20a AUTOP	SY? / 20b	IF YES, WEI		
SiCIAN: Thing physicio certificate in certificate the certificate with the certificate the certal Hygical transit item. 18 show the certain the certai		STAL ACCIDENT WAS UND OR CONTRIBUTING C C	AUSE OF DEA		M. MONTH D	AY YEAR	žie HOW IN	JURY OCCURR	ED INNER HATE	Novel .	The state of the s	pi Feet ()	WO LJ
ING PHYS	MEDICAL	214 INJURY OCCURR	u []	21s. PLACE (OF INJURY SELFACION, OFFICE,	ARM, ETC.)	TH. LOCATIO	N		CITI DA TOWN		OUNT	STATE
ATTENDII sspital or CTOR: A for use of Health		77s.1 certify that (f) saw the decease above_(fTT)e)(d	d alive on.	4/20	19.5	27/00	S that in (my):	19 8 9 (our) opinion o	feath occurred	on the date or	nd hour and		nat (II (we) fast auses stated
PITAL OR . by the ho IERAL DIRE se detached Stote Dept		77h SIGNATURE	1	3	CR	1	/// 8	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	_	21. DATE 5	87
SPI J b SPI TAP		220 PHYSICIAN'S NA	WE LIALE OF	R PRINT)			77e. ADDRESS	5				/	1

DHMH - 16 60M 7/84

(VRA 15, 4)

23a BURÍAL, CREMATION, REMOVAL 23b. DATE Burial Burial 4/23/87 Mt. Lebanon Mem.

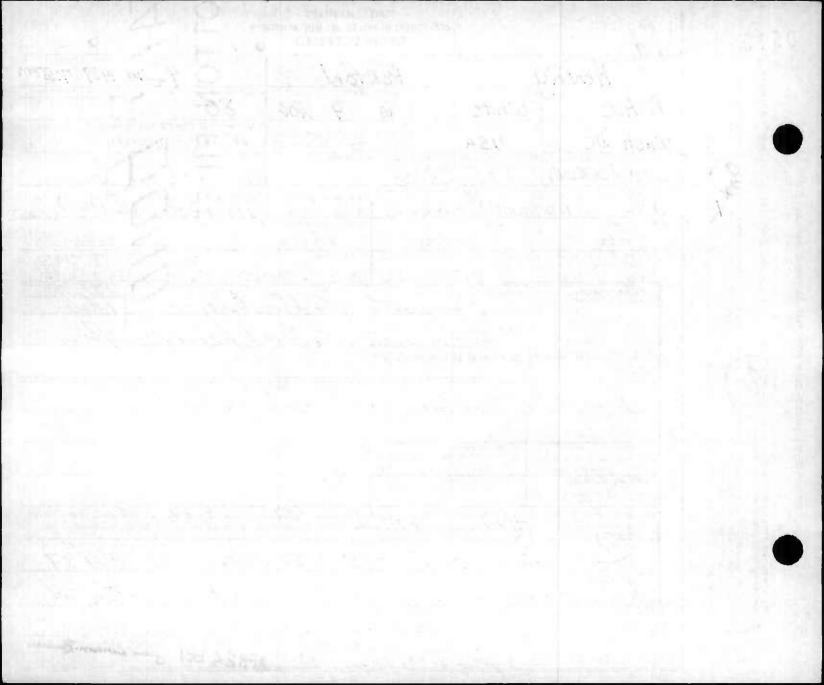
1170 Rockville Pike; Rockville, Md. 20852

Mt. Lebanon Mem.Park

Adelphi; P.G.; Maryland

REC'D. By REGISTRAR 250. REGISTRAR'S SIGNATURE.

15 Colie DR. Wheaton Me



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR POYNER DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT! EVELYN R 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 12 White 1905 81 Female 26 16 BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Montgomery County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SHADY GROVE ADVENTIST HOSPITAL Gaithersburg Housewife. Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c, CITY OR TOWN Md. 20877 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Gaithersburg Maryland Montgomery 407 Russell Ave. Gaithersburg, 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Walther Rolston John Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT 220-46-1039 Same as 13e. Ernest L. Poyner NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: andree arrist montes IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (o), stating underlying couse

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART OR PART 2)
	Ple. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY STATE
27a. I certify that (this hospital) of saw the deceased alive on above, (1) (mus) talks (did not) vie	4/17 1987 0	nd that in (my) (ser) opinion	death occurred on the d	19.87 , that (I) (we)
By 0. Jh		DEGREE MD ATTENDING PHYSICIAN	MEDICAL STA	PF 4/19/97
BYRL O. JOHN		22e. ADDRESS 911 N. Ru.	ssell Ave. (saithershing md.

Loudon Park Crematory

23d LOCATION CITY OF TOWN

Baltimore

COUNTY

ulia Davidson Rondale

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

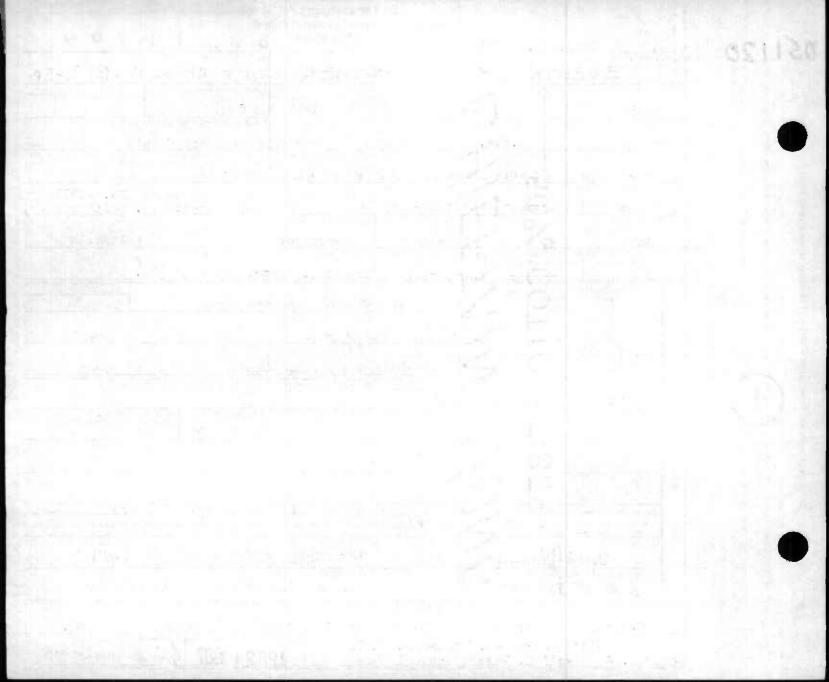
ald be deto the State ORTANT

Lerov M. & Russell C. Witzke Funeral Home

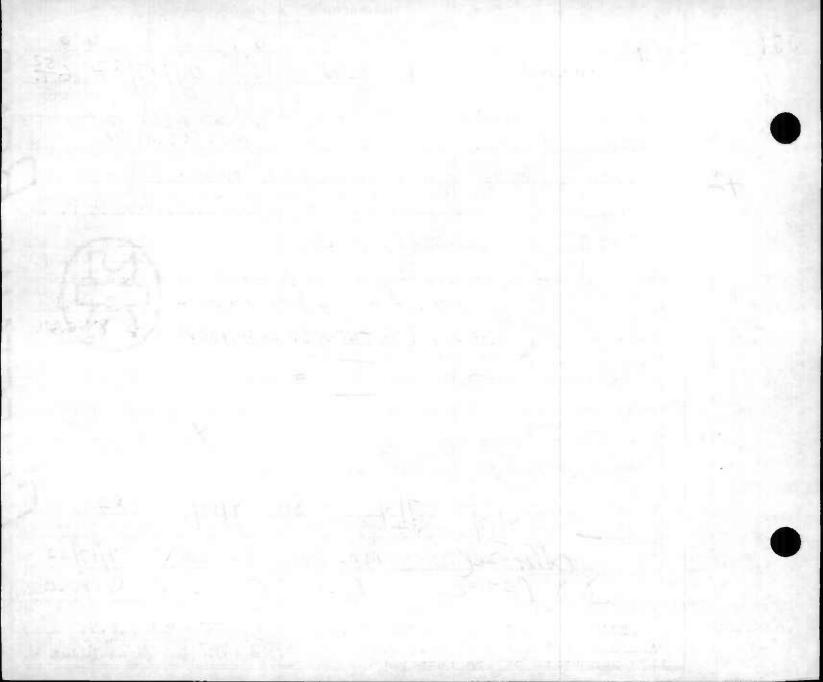
Cremation

4/21/87

24 FUNERAL DIRECTO 1630 Edmondson Ave. Catonsville, Md. 21228



051550 1	1	FOR - STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	1 1 3 6	6
yy be oge 3 death	1. DE	CEASED NAME A FIRST	VIE MIDDLE	RACK	421N	04	1/17/87	26 HOUR 2
4 ma	3 SE	Х	4. RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN
Poge Proge	la B	FEMAT.E IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY	may	10 1905 ☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR		
de op	1	RUSSIA	U.S.A.	WIDOWED	DIVORCED [OMERY	MD.
ofter of	χ	OCKUTT TE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINESS OR
2120 2120	USU	OCKVILLE AL RESIDENCE (IF NURSING HOME O STATE 1131. COU	HEBREW HOME ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134. CITY OR TOV	RE ADMISSION)		HOMEMAK 13e.STREET ADDRESS /	/ 1/	16161
AND in 24 hourid	WA	SH D.C	WASHIN	GTON	YESX NO	2919 BRAN		N.W.
d with	1	ATHER'S NAME FIRST	MIDDLE LAST	1	5 MOTHER'S MAIDEN NA	WE	tAS	Ť
RE, M		HARRY WAS DECEASED EVER IN U.S. AI		URITY NO.	LENA 7. INFORMANT	ADDRES 291	FLAX 9 BRANDYW	INE ST
BALTIMOR or or o	3		VE WAR OR DATES) 060-52-	-6220	MR. JACK	RACHLIN- S	ON WASH D	. C.
ST., BAL		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), o ED BY: TE CAUSE (a)	PIRA	TION PN	EUMONIA	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
w. PRESTON Though the paint of the control of the c		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	1) EM!	ENTIA OF A	LZHEPMERS	TYPE 8	YEARS
e fow requires no been signed permit. Then ple ne prior to burk was ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		-		TION GIVEN IN PART I C 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED OF DEATH?
VITAL N: The hysicion cote hor ronsit p Hygien 18 shore	ERTH	21a. ACCIDENT WAS UNDERLYING		T	21c. HOW INJURY OCCUR	YES NOW	YES	NO [
YSICIAN: T ding physici is certificate burial-transi Mental Hyg		OR CONTRIBUTING CAUSE OF DE		IAY YEAR				
DIVISION OF VITAL RECO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214: PLACE OF INJURY TAY HOME STREET, PACTOR, OFFICE,		211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
spitol or CTOR: Af for use of Health		sow the deceased alive or	ntol) attended the deceased from 10 pt) view the body after death.	A lond	that in (my) (aur) apinion	death accurred on the date		that (I) (we) lost couses stated
TAL OK to the how the how the how the beached detached total Dix. If them		276 SIGNATURE	Mariel	n	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		SIGNED 7/57
HOSPITAL ined by the FUNERAL rould be det the Store		22d PHYSICIAN'S NAME (TYPE	PATEL		6121 MO	NTROSE	RD, ROCA	trillen
999999	23a.	BURIAL, CREMATION, REMOVAI (SPECIFY)			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/84	24 F	BURTAL UNERAL DIRECTOR DANIZANCEV COL	LDBERG MEM AGHI	ELLWOO		PINELAW E REC'D. BY REGISTRAR 2!	b. REGISTRAR'S SIGNATI	URE
(VRA 15, 4)			E DE DOCKUTI		1 1 1 1	12 4 1981 g	ulia Davidson. Ro	ndaes



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(VRA 15, 4)

051268

STATE OF MARYLAND

68 /		STATE -	DEPART	CERTIFICATE OF DEATH	8 / REG. NO.	8 6 8
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
10.3		Adam	Р.	RAPCHINSKI	APRIL 19, 19	
10	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
	1	Male	White	Nov. 13, 1904	82 YRS	
2 ,-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
0	Pe	nnsylvania	U.S.A.	WIDOWED DIVORCED	Montgomery	MD
8		ty or town of DEATH Lver Spring	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET HOLY Cross	NG HOME OR OTHER INSTITUTION HOSPITAL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY AXEL CO
5	13a. S	TATE 13b COL	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOV COMERY ROCKVI	VN 1136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6 Delphinium	Ct. / 20853
7	14. F.A	THER'S NAME FIRST Paul	MIDDLE Rapch	is MOTHER'S MAIDEN NA FIRST Mary	MIDDLE	(Unknown)
1		AS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
/			one 178-03	-9037 Patricia Moser	(Daughter) Same as	# 13.
		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	77		ATE CAUSE (o) Cardio-	respiratory arr	est	2 years
		n a real	DUE TO, OR AS A CONSEQU	IENCE OF		
		Conditions, if ony, which	(Myocard	dial Infarction		5 Days
		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, ORAS A CONSEQUE	≝htosigmoid Valv	ed u cs	5 days
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIV	EN IN PART 110
0	CAT	19a DATE OF OPERATION		OPERATION WAS PERFORMED	INI CERTIE	YING CAUSES OF DEATH?
\times	TIF	04/14/87	Recurrent S	Sigmoid Valved u c	S YES NO YE	
7	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART (OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			Nat) attended the deceased from	04/11 1987	004/19	19.87 , that (I) (%e) lost
	٠,	saw the deceased olive of	in 04/18 19_	87, and that in (myXXr) opinion	death occurred on the date and hav	r and from the couses stated
		774 SIGN FIJVE	111 18 8	DEGREE	TOTAL STATE	220 DATE SIGNED
	7	Spelling	Kuller UKA	ATTENDING X	MEDICAL STAFF DIRECTOR PHYSICIAN	04/19/87
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
		STEVEN ORISTI	AN. M. D.	344 Universi	ty Blvd., Silver	Spring MD209
1	23o. E	LIRIAL CREMATION REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	Opting, 10207
	1	Burial	· ·	. Aloysius New Cemetery	CITY OF TOWN	uylkill, Pensylva
	24 FI	INERAL DIRECTOR			E REC'D. BY REGISTRAR 256 REGIST	
7/B4	W	. W. CHAMBERS	CORP., Silver Spi	gia Avenue ring, MD 20910		Trider Lace

1	FOR				OF MARYLAND	7.1. UV.0.1				
9	- STATE	Hilliam V	Vashington	CERTIE	EALTH AND MEN		REG. N	1	3 6	9
	I. DECEASED NAME	lian	Washina	too 1	Ropley			MONTH - 8	DAY YEAR	8 PM
	3 SEX	4. RACE	Ducwhite	S. DATE C	OF BIRTH	200	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
-	To. BIRTHPLACE (STATE OF		EN OF WHAT COUNTR	MARRIE	4.0	RIED '	9 BALTIMORE CITY O	R COUNT		
-	10. CITY OR TOWN OF DE		U.S.A. ME OF HOSPITAL, NUR:				120. USUAL OCCUPAT	ON	120-KIND C	MD. OF BUSINESS OR Co
	Potomac USUAL RESIDENCE (IF NUE	870	46 VERSIMMO STITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	, Potomac	Md.	President	Na	tl. Pu	ablishing
	MD J4 FATHER'S NAME	Mont.	Potom		YES NOTHER'S MA		8740 Persi	mmon	Tree Ro	1.039
1	Edward	Color	ett Rad	ieu	FIRST	SU	Agnos		Mille	er
	160. WAS DECEASED EVER	IN U.S. ARMED FO	DATES)	2547	Mary R	. Macl	Martin 1001		hac, MD	20854 Rd.
	18. CAUSE OF DEA PART 1. DEATH V	TH (Enter only one co WAS CAUSED BY:	ouse per line for (o), (b),	ond (c)	pneum				BETWEEN	ONSET AND DEATH
		IMMEDIATE CAUS	E (0)E TO, OR AS A CONSEC	QUENCE OF	- Cum	· Ma			,	7
	Conditions, if on gove rise to im couse (a), stati underlying cous	mediate DU	E TO, OR AS A CONSEC	DUENCE OF	3					
		NIFICANT CONDIT	sease: Art	O DEATH BUT	1 -1	THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 11	
	Parker 19g DATE OF OPERA 21g, ACCIDENT WAS UN	ATION 196	CONDITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTI	S, WERE FINDIF	NGS USED S OF DEATH?
	0.000.000.000.000.00	CAUSE OF DEATH	TIME OF INJURY DUR A.M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING	RRED 21e.	PLACE OF INJURY HOME STREET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (inded the deceased from			9) opinion d	eoth occurred on the d	ote and ha	0	that (II (we) last couses stated
	22b. SIGNATURE	orles P.	1	in D	DEGREE ATTE PHY:	NDING SICIAN	MEDICAL STA	FF CIAN [220 DATE	SIGNED, 17/87
	22d PHYSICIAN'S N CHAR		DUVALL		3301	Ne	w Mexica	tu	· NW	WASA
	230 BURIAL, CREMATION	4,	/24/87	Oak Hil	EMETERY OR CREA	MATORY	Wash .	DC	COUNTY	STATE
	24 FUNERAL DIRECTOR OF SAMLER	E3.70	I Ave. NWºW		c 20016	API	REC'D. BY REGISTRAR 2 7 1987		TRAR'S SIGNAT	HRE PONDER

DHMH - 16 50M 4/82 (VRA 15, 4)

illien Ashinton isle U.S. C. resident "a:tl. ublicai g O.E. 050-5740 crai mon ree la. otomac Potonne, ym 2004 'ary A. 'so' artin 10011 'evi jall d. 4/24/07 Oak Till Jem. Surial Ou , . . . lan .. Toseph Gawler Jone, Inc JIN T .vo. T asn., IN 2015

MORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

ENTAL HYGIENE ATH

63		1	
8	1	REG.	NO.
DATE	OF	DEATH	MON

AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Decorator

48

12a USUAL OCCUPATION

F REG. NO.	1	8	7 0	
OF DEATH MONTH	DAY	YEAR	26 HOUR	
ril 6, 198	7		2:25a	

IF UNDER YEAR

IF UNDER 24 HRS

126 KIND OF BUSINGS OF FORCE Exchange

Year

STATE

Service

- STATE REGISTRAR	ISTRAR					
ECEASED NAME	FIRST	MIDDLE	(AST		
	dda	Carla	F	Reis		
Female	4 RACE Wh	ite	S. DATE C		38	
BIRTHPLACE (STATE OR COUNT Turkey	OREIGN 76 CITIZE	n of what countr A	MARRIE	D NEVER MARRIED		
city or town of DEA ethesda	(IF NO	The Clin	EET ADDRESS)	OR OTHER INSTITUTION		
UAL RESIDENCE HE NURS STATE Maryland			ORE ADMISSION)	13d INSIDE CITY LIMITS	5?	
Mario	WIDDLE	Torna		15. MOTHER'S MAIDEN Nola	I N	
WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FOR	ATES)	4-5465	17. INFORMANT		

13e STREET ADDRESS / ZIP CODE 2400 Sun Valley Circle 20906

Filipucci

Daughter, 13110 Bluehill hia Lewis Rd. Wheaton 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Respiratory Arrest

AIDEN NAME

DUE TO, OR AS A CONSEQUENCE OF Metastatic Ovarian Cancer

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED Te. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

IMMEDIATE CAUSE (a)

211 LOCATION CITY OF TOWN COUNTY

220.1 certify that (K (this haspital) attended the deceased from April sow the deceased alive on and that in Kny) (our) opinion death accurred on the date and hour and from the causes stated

obove, (Kiwe) id DEGREE 22E. DATE SIGNED ATTENDING STAFF

23¢ NAME OF CEMETERY OR CREMATORY

27d. PHYSICIAN'S NAME ITYPE OF PRINT

23a. BURIAL, CREMATION, REMOVAL

VIALLET

Conditions, if ony, which gave rise to immediate couse (a), stating

underlying cause

CERTIFICATION

MEDICAL

National Institutes of Health, 9000 Rockville Pike. Bethesda, Maryland 20892

DIRECTOR PHYSICIAN

Arlington National Cemetery "Arlington," Virginia State Burial 4/9/87 14 FUNERAL DIRECTOTYSON Wheeler Funeral Home, Inc.

1331 Rockville Pike, Rockville, Md. 20852

DHMH - 16 60M 7/B4

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(VRA 15, 4)

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4/14				
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Name of the last			NO. 500 PM	

		FOR	DEPA		E OF MARYLAND EALTH AND MENTAL HYO	CIENE		LIVLE	
051554 AP	1-	STATE REGISTRAR	DEFA		ICATE OF DEATH	8 / REG. N	.0.	8 7	
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al director, page 3 2 hours after death

STATE OF MARYLAND

DEPARTMENT

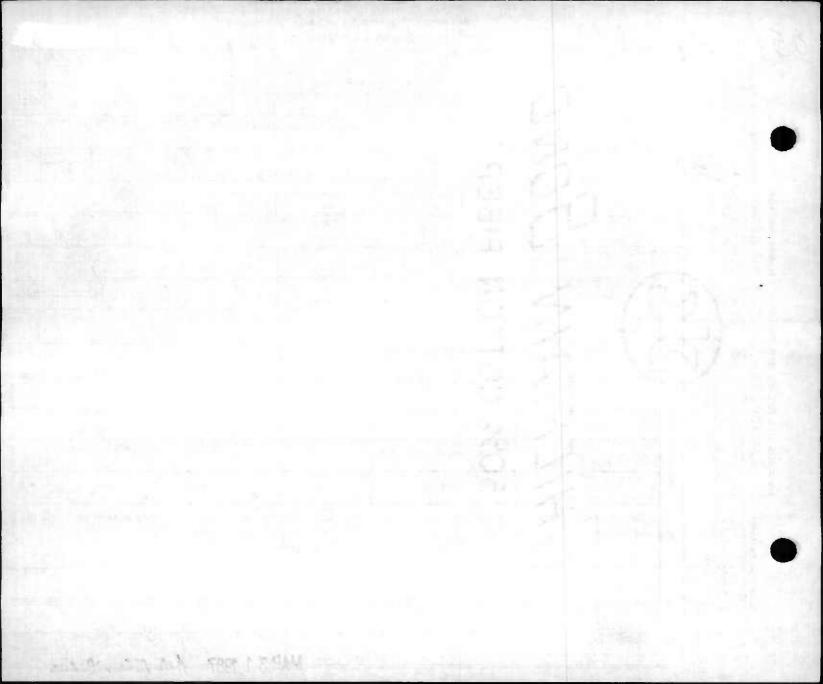
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236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	23e	BURIAL, CREMATION, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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14 FUNERAL DIRECTOR Francis J. Collins, Jr. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	50	10 University Bl	vd. W.	Silver S	oring	. Md. 20901	APR 24 198	Julia	Dander	n-Randaria

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, th should be detached for use as the burial-transit permit. The price is remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	REG. NO.			

		FOR STATE REGISTRAR			DEPARTN		EALTH AND A		8 / REG	i. NO.	8	7 4	
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14		ATHPLACE (STATE OR FO OUNTRY Aryland		USA		WIDOWE		ORCED		ntgomer	cy		MD.
>	Ma	ry or town of deat ry land		9405	HOSPITAL, NURSIN DUFACTUTY GIVE STREET / WOOdland	Drive		ITUTION	(TYPE OF WORK FOR MC House	OST OF WORKING LI	FE) INDUSTR	h ome	ESS OR
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5	I4 FA	John	A	Z.	Shelt	on	F	rances	MIDDI		Magaha	ast L	
	16a W	(AS DECEASED EVER IN			2 14-10-48		Donald		e-son- 7D	erwood,	Md.	2085	
		Conditions, if ony, gave rise to imm cause (a), stating underlying couse	which ediate the last	DUE TO, O DUE TO, O DUE TO, O (c)	CAZA R AS A CONSEQUE R AS A CONSEQUE	INCE OF	e a				10	ZILLA ZILLA ZILLA	ual e
2	CERTIFICATION	PART 2 OTHER SIGNI			ONTRIBUTING TO L				200 AUTOPSY?	206 IF YE	S, WERE FINE	INGS USE	ATH?
)	MEDICAL CERT	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA) 214 INJURY OCCURRE	AUSE OF DEA ALEXAMINER ED	P. 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE F	19	211 LOCATION STREET		RED (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2		STATE
		27a.l certify that (l) (saw the deceased above, (l) (c) (di	this haspit		3-10195	7 , a	nd that in (my)	, 19 6 5	tadeath accurred on the	4-7 ne date and had		that (I) he causes s	
,		TH PHYSICIAN'S NAI	METIMO	gst	ack	in	127e ADDRES		DIRECTOR PH	STAFF YSICIAN []	4-	7-	87
		G. 1		ngstack		14445.00	ــــــــــــــــــــــــــــــــــــــ		ra Drive,		n, Md.	209	06
	■ 77. B	LIDIAL CDEMATION D	IE AA CONTAI	226 DATE	1 77, 1	UDAAL CIE (PEAR ATODV	I/M II/I AII()N				

DHMH - 16 50M 4/83 (VRA 15, 4)

DRTANT, II

(SPECIFY) 4-10-1987

CITY OR TOWN

STATE

Parklawn Cemetery
11800 N.H. Ave.,
S.S. Md.

le Montgomery M Rockville Md

Burial 4-10-1987
24 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

4/20

FOR

	STATE	OF M	ARYL	AND	
ED A DT MEN	T OF HE	MTIA	AMD	MENT	a

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTI	FICATE OF DEATH	8 / REG. N	0	3 7	5
1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH			2b HOUR
Paul	R.	Kiche	ardson	April	3	1987	515 AM
3. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BI			IF UNDER 24 HRS
Male	White	Ja		81	YRS	MONTHS DATS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	CUNITRY2 8	ED NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Russia	U.S.A.	WIDOW		Montgo	merv	County	MD.
Bethesda			OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST U.S. GOV t	ION OF WORKING LIF	126 KIND OF	BUSINESS OR Guard
SUAL RESIDENCE (IF NURSING HOME OF 130. STATE	JNTY 13c. CIT	DENCE BEFORE ADMISSION) IY OR TOWN Shington	13d INSIDE CITY LIMITS? YES AO	13. STREET ADDRESS 4514 Harr	ZIP CODE	(2001: Street, 91	5) NAGG
14 FATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST	
Nathan		elson	Rose	MIDDLE		Ishe1	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		11783
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	7-03-7824	Ruth Goldber	o 1190 Jaco	b Driv	ve·Cefor	
pare rise to immediate cause tal, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 9 a Stric 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	conditions contributions bleeding		ung disea			/EN IN PART 110	25 HSED
THE DATE OF CHANGE	176. CONDINO	OK WITTETT OF EKATIC	ON WAS FERI ORMED	YES NOT	IN CERTIF	YING CAUSES O	F DEATH?
216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MI ER) P.M 21e PLACE OF INJU	ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PART I OR PART 2)	STAYE
WHILE NOT WHILE AT WORK	TAL HOME STREET, PACE	ORT, OFFICE, FARM, ETC.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
220. I certify that (I) (this has, saw the deceased alive a above, (I) (we) (did) (did r) 22b. SIGNATURE Tamey 22d. PHYSICIAN'S NAME (TYPE James S. H. BI	on 3 on view the bady after de	19 87 , o	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 4701 Willian	MEDICAL STA	FF CIAN [IGNED . 87
230. BURIAL, CREMATION, REMOVA	7		CEMETERY OR CREMATORY	23d. LOCATION	120	Louise	
Burial	4/5/87	1	ark Cemeterv	Emerson:	Berger	New .I.	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECT should be cerect
with the Stare De

1170 Rockville Pike; Rockville, Md. 20852

APR - 6 1987

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

STATE OF MARYLAND

APR) }-	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 8 7 6
1.11		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 1	(TYPE	Charle	2 9 A	Ries. Jr.	04 7	4 87 5.25AM M
	3 SE>		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
		Male	White	Jan. 11 1891	96 YRS.	MONTHS DAYS HOURS MIN.
50 /		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	Y OF DEATH
30		Maryland	U.S.	WIDOWED DIVORCED	Montgomery	MD.
Pe	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
6		Olney	Montgomery Ger		Self-Empl.	Self
36		AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13e STREET ADDRESS / ZIP COD	20906
30		244		Spring YES NOW	3510 Forest Edge	
ine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
30		Charles		s,Sr. Annie E.	(Kalb)	
dicol		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS	ar Dd
med		No	217-05	-5863A Thelma Bushly	4000 Mt. Pelic Rockville, Md	
it, th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			ATE CAUSE (0)	ionony Jolland		411
ther troumation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(6)	OVENCE OF HEART Failus		2 miests
injury, ar a	ATION	PART 2 OTHER SIGNIFICANT Renal for		rodeath but not related to the term	NINAL DISEASE OR CONDITION GI	VEN IN PART 110
oms out	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
rkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive a	on	27 0	deoth occurred on the date and ha	19, that (I) (we) lost us and from the couses stated
T: If Item		22b. SIGNATURE	us Mauless	DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 4. 14. 87
MPORTANT		22d PHYSICIAN'S NAME TYPE Oliver J	LAW LESS	Plisine Wo	real medical	Carle S. Sp
<		BURIAL, CREMATION, REMOVA	L 23b. DATE 2:	3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
_		Burial	4/16/87	Lorraine Cemetery		Balto, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending charaction and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, or removal.

FUNERAL DIRECTOR H. WITZKE & FAMILY 4112 Columbiard. APR 15 1987

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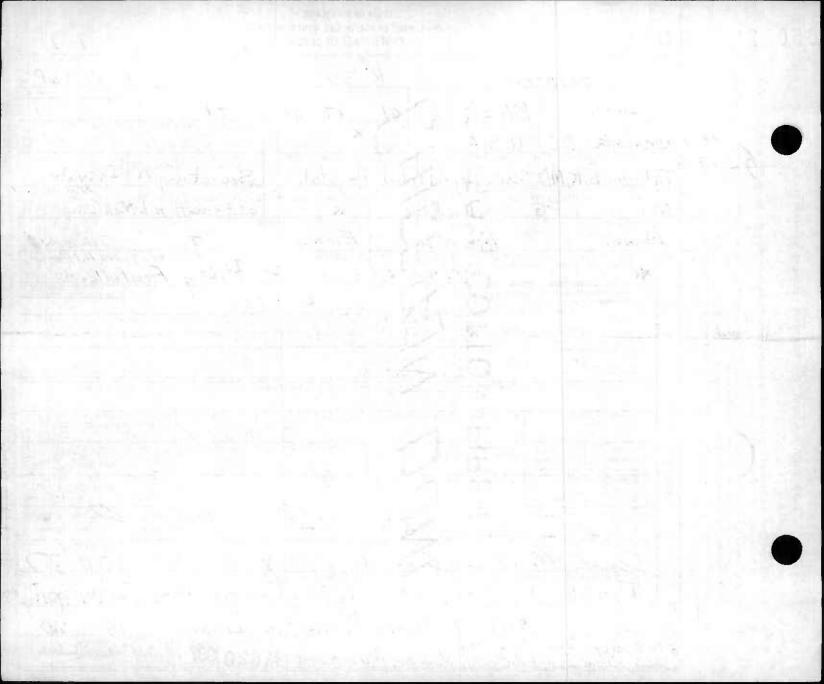
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4/2/

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	5

050	221	100 2	13	FOR STATE		OF HEALTH AND MENTAL HY	GIENE	1 2 2
000	000	at it &	01	REGISTRAR		RTIFICATE OF DEATH	O REG. NO.	0 / /
		-		EASED NAME FIRST	MIDDLE	O* 1 -	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	2 000	15/0		BELLET	4A	KILEY	04	11 87 3 20 P M
	2 64		3.5EX		RACE 5. D	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	4 55	1		7EMALE	Black 0	1 07 46	41 YRS.	DATE MIN.
-	4 6 A	2/1	fe. Bil	THPLACE ESPATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
•	1 /2	7/	WI	ISHINGTON, D.C.		OOWED DIVORCED	month	Pr MD.
	hi	69/	III.CI	Y OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
101	100	1/	70		SEVEN LAY Adventis	t Hospital	Secretary.	Frivate
02120	4 Po	332	HISUA TILE 5				13 STREET ADDRESS / ZIP COD	M 20741
IAN	5 24	11	N	D ItG	Forestville	YES 🔀 NO	6023 North Hil	Mar Circle
RY	1 2 2	161	1	HER'S NAME	DDLE X A LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAŞT
MA	7 000	100		1Lbert	Meggison	Emma	J.	Johnson
380	1 24	10	The W	AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) I (IF YES, GIVE W	100 00 00 00 00 00 00 00 00 00 00 00 00	7	ADDRESS 602	3 North Hil-MAR CIRCLES
TIME	4 00	1		NO	19/1-62-1	941 Owen Tr	. Kiley Ford	estville, MD
BAL	ate oppe	0 4		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	one couse per line far (a), (b), and (c).	// 1 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to.	A Par			IMMEDIATE	1 1 1 2	Heut K	doce	
20	the ce	90			DUE TO, OR AS A CONSEQUENCE	OF /		
153	8 55	0 0		Conditions, if any, which	(b) Coo Pu	wordell		
E.	1 11	0.0		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF \1		
*	1 40	10.0		underlying course lost.	1 10 Surce	216		
5.2	in the second	7.	,	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART Ira
RECORDS	1 1	2 6	FICATION					
EC	a de		ICA.	N. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
#	20/1	the	5					ES NO
× ×	N P	10/	Ö	ZIE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DAY	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
0 7	8915	11/	CA	(IF EITHER, NOT BY INLDICAL EXAMINER)	P.M.	19		
Sion	A 4 4 8	0 0	MEDIC	114 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM E	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISIO	25 52	the state of	-	AT WORL AT HOS WHILE D				
-	NO WE	0 6		27s.1 certify that (I) (this haspital	trattended the deceased from	1/6 19 0/	, to	19 , that (I) (last
-	The CT	3.5		shove, (I) particle) (dident)	withe body after death.	Z, and that in (my) (opinian	death occurred on the date and has	or and from the causes stated
	P P P	Te a		226 SIGNATURE	5	DEGREE		221 DATE SIGNED
-	2 2 2 E	4 4		Mal 4.	Mum	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111117
6575 P	HOSPITAL med by th FUNERAL pld be det	TAN /		THE PHYSICIAN'S NAME (TYPE OR P	RINT)	22e ADDRESS	1 40	63/63
	THE PERSON	WPORT		traul()	1. Graviuo	103/36	eorgia Itue	, Silver SoruiKA
	55 54	1 3	73u. 8	JRIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATERY	23d COCATION	() () () ()
	BP		B	IRIAL	4-17-87 Harn	IONY MEMORIAL Part	LANGOVER	PF MD
	DHMH - 16 60	DAA 7/R4	24 FX		meral Home		TE REC'D. BY REGISTRAR 251 REGIS	TRAP'S SIGNATURE
	(VRA 15,		3:	00 Rhode Island	a a significan	MD 20712 A	PR 20 1987 Julia	Dandern- Kandall
			117	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND				



	 ST	A	TE	OF	M	Al	RY	L	Al	VD.	,
 	 -	-									

DATE OF BIRTH HINOM

June

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

grove

E RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN

Gaithersburg

THE SOCIAL SECURITY NO

09 6906

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

LAST

Campeglia

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

BIRTH DAY YEAR 2. 1907 79 YRS PALTIMORE CITY OR COUNTY OF DEATH BIRTH DAY YEAR 1F UNDER YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. MONTHS DATS HOURS MIN.	51	REG. NO.	Y YEAR	26 HOUR
DAY YEAR 2. 1907 79 YRS NEVER MARRIED DIVORCED MONTGOMERY M	ch	4-17	-87	0100 am
Never Married Nontgomery Montgomery	DAY YEAR	MO		
13d INSIDE CITY LIMITS? 13d ISTREET ADDRESS / ZIP CODE 11325 Freas Drive 20760 125 MOTHER'S MAIDEN NAME FIRST Wirginia ADDRESS Illinois 60648 Dolores Vukas, (daughter) 8424 N Oriole, Nile	□ NEVER MARRIED □		FDEATH	
YES NO NO NO 11325 Freas Drive 20760 15 MOTHER'S MAIDEN NAME FIRST Virginia Gentile MIDDLE Gentile ADDRESS Illinois 60648 Dolores Vukas, (daughter) 8424 N Oriole, Nile		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]	INDUSTRY	
Virginia Gentile Virginia ADDRESS Illinois 60648 Dolores Vukas, (daughter) 8424 N Oriole, Nile	YES NO	11325 Freas D	cive	20760
Dolores Vukas, (daughter) 8424 N Oriole, Nile	FIRST	MIDDLE		
	17 INFORMANT		nois 6	0648
i Beart Cancer Between ONSET AND DEATH Months	Dolomos Wale	as. (daughter) 8424		
	DOTOTES VUK		APPROXI	MATE INTERVAL

sho 00 ā

CERTIFICATION

MEDICAL

FOR

REGISTRAR I DECEASED NAME [TYPE OR PRINTS

Female

Illinois 10 CITY OR TOWN OF DEATH

Rockville

Maryland

Frank

EYES. NO OR UNKNOWN)

14 FATHER'S NAME

no

TO BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138 STATE 136. COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gave rise to immediate cause (a), stoting the

underlying cause lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE E

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive an_

4 RACE

Montgomery

MIDDLE

HE YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for 101 db

IMMEDIATE CAUSE (a

220 I certify that (I) (the harpital) attended the deceased from

Caucasian

Th CITIZEN OF WHAT COUNTRY?

- STATE

3 SEX

physicia offer prior this certificate has veriol-tronsit p X DIRECTOR be detoched e State Dept FUNERAL MPORTANT ld b

deoth poge

d

72

Stephen J. Newman, Md. 230. BURIAL, CREMATION, REMOVAL Burial Apr 20, 1987 BP

22b. SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

22e ADDRESS

DEGREE

211 LOCATION

ATTENDING

11500 Old Georgetown Rd, Rockville, Md. Hillside, Cook Co, Ill.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

NO F

STATE

YES [

256 RECHSTRATES LIGNA

20a AUTOPSY?

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

NO NO

CITY OR TOWN

STAFF

and that in (my) teach opinion death accurred an the date and hour and from the causes stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Ives-Pearson F. H. Arlington, Va. 22201 Las largh

STATE OF MARYLAND

1: FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 /REG. NO.	1879
I. DECEASED NAME FIRST MIDDLE PPE OR PROPERTY OF THE PROPER	Roberts	4	17 87 11 45
Female Cac	5. DATE OF BIRTH MONTH DAY YEAR	76 YRS	IF UNDER LYFAR IF UNDER 74 HRS.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MISSOURI OF TOWN OF DEATH 11. NAME OF HOSS	MARRIED WEVER MARRIED WIDOWED DIVORCED	Montgomery	Co. MD.
	IPITAL, NURSING HOME OR OTHER INSTITUTION CHITY, GIVE STREET ADDRESS. THASE RETAINED	120 USUAL OCCUPATION (TYPE OF WORK FOR WOST OF ORKING LIF HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY Household
Md Montgomery F	Rockville YES NO X	-	wood La.20852
William Middle I	Laib Orla	WE	Barnes
LYES NO OR UNKNOWNS THE YES GIVE WAR OR DATES	SOCIAL SECURITY NO. 17 INFORMANT 579–03–0268 John S.Ro.	berts # 13e	
18 CAUSE OF DEATH (Enter only one cause per line PART). DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	onestive Heart Fair	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	SA CONSEQUENCE OF SEPSIA SA CONSEQUENCE OF Treact Info	ection	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	1. /	EN IN PART 11a

196 CONDITION POR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 211 LOCATION

22a. I certify that (1) (this haspital) attende saw the deceased alive an abave, (I) (we) (did) (did nat) vie this bad, other death

and that in (my) (bur) opinion death occurred on the date and hour and fram the couses stated

226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

STATE

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

4-20-87

231. NAME OF CEMETERY OR CREMATORY Lakemont Cem.

Davidsonville A.A.Md.

24 FUNERAL DIRECTOR T.A. Hardesty

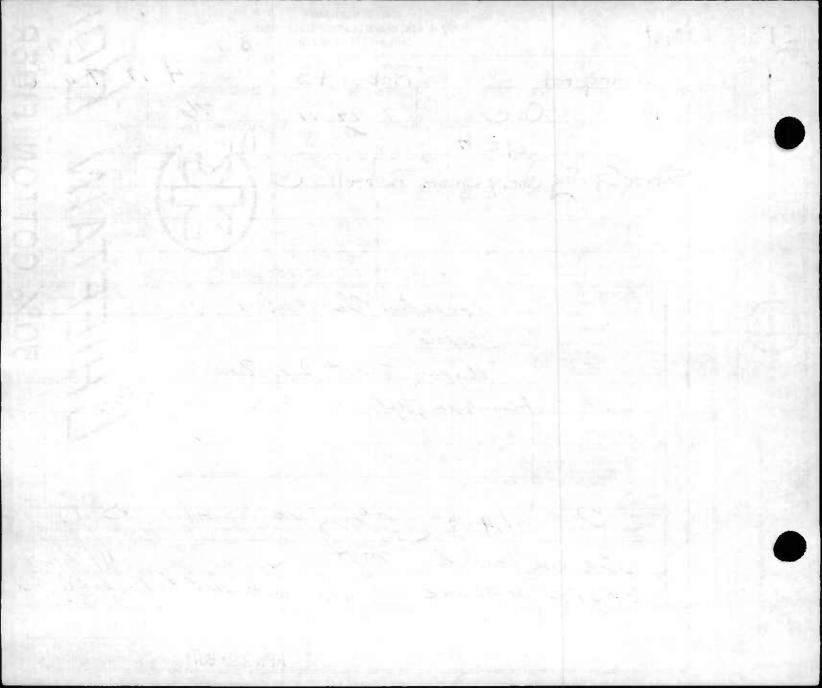
CERTIFICAT

Annapolis, Md.21401

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for us with the Short Dept. of Her MPOSTANT, if here 31 u.s.



05153

filled in by the funeral director, page 3 ould be filed within 72 hours after death

injury, or other troumotic event, the medica

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical problem is should be detached for use as the burial-transit permit. Then please remove carbon bacters Reg with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

MPORTANT: If them 21 is marked or tem 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

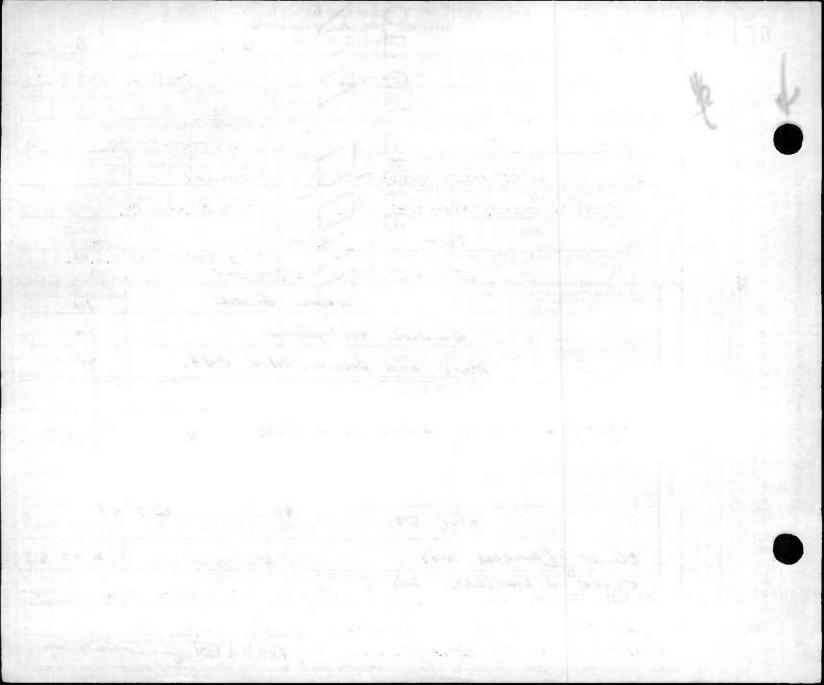
EF	AKI	WELL	Ur	ПЕ	ALIII	ANU	MENTAL	
		CE	RTI	FI	CATE	OF	DEATH	

8	7	REG. N	10.	1	छ	8	0	
DATE	OF D	EATH	MONTH	DAY	YEAR	2b	HOUR	2

0		FOR STATE, REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE 7 REG. NO.	880
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR am
11		Jessie		R	ohrsc			22, 1987 8:30 M
	3. SE)	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Female	Whit	te		0 18 02	84 YRS	
- 1			76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
76. CITIZEN OF WHAT COUNTRY? 8 MARRIED ☐ NEVER MARRIED ☐ NEVER MARRIED ☐ NOT COUNTY OF COUNTY OF D 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACRITY, GIVE STREET ADDRESS) MONTGOMERY COUNTY 126. USUAL OCCUPATION (IT NOT INSUCH FACRITY, GIVE STREET ADDRESS) MONTGOMERY COUNTY 127. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. STATE 136. COUNTY 137. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE CITY LIMITS? MONTGOMERY 139. STREET ADDRESS / ZIP CODE 3492 Chiswick Ct.							unty MD	
IND USA widowed \(\bar{\text{WIDOWED}} \) Divorced \(\bar{\text{Montgomery County}} \) 10. CITY OR TOWN OF DEATH Olney							126 KIND OF BUSINESS OR	
10. CITY OR TOWN OF DEATH Olney Nontgomery General Hospital USUAL RESIDENCE (# NOTHER INSTITUTION OF STREET ADDRESS) Nontgomery General Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF WORKING LIFE) Nontgomery General Hospital Homemaker 136. STATE 136. COUNTY 137. CITY OR TOWN Maryland Montgomery Silver Spring YES № NO 14. FATHER'S NAME FIRST Jesse FIFET Clara 15. MOTHER'S MAIDEN NAME FIRST Clara 168. SOCIAL SECURITY NO. 17. INFORMANT 21.3 Kimble WICK Road 17. INFORMANT 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. SOCIAL SECURITY NO. 18. INSIDE CITY LIMITS? 19. STREET ADDRESS / ZIP CODE 3492 Chiswick C 18. MOTHER'S MAIDEN NAME FIRST Clara 18. STREET ADDRESS / ZIP CODE 3492 Chiswick C							L) INOUSTRY	
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7	14. FA		MIDDLE	LAST				IAST
0			Model				mippie	Lamar
1				166. SOCIAL SECU	RITY NO.	17 INFORMANT 21	3 Kimblewick Roa	ad S.S.Md.
	(1)		VE WAR OR DATES!	217-46-6	429	Nancy Mohn (Da	nughter)	20904
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one cause per :D BY: TE CAUSE (o)	line for (a), (b) and		Cordiac H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OI	R AS A CONSEQUE	NCE OF	Arr hythania	1	114.
		gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OI	RAS A CONSEQUE	NCE OF	precious MI.	4 CHF.	400.S.
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART To
2	CERTIFICATION	190. DATE OF OPERATION 2/20/87	R 14			in was performed in for oxidences	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2)
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F.		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this hasp saw the deceased alive ar	ital) attended the	e deceased from 4/2/19	57, or	, 19 <u>85</u> nd that in (my) (our) opinion o	death accurred on the date and had	219 5 7 that (I) (we) lost our and from the causes stated
		226. SIGNATURE	amles				MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4. 22. 87
		22d PHYSICIAN'S NAME (TYPE)	DR PRINTI)	ess 1	us.	18111 Prince	e Philip Drive,	Olney, MD 20832
	23a B	BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Cremation	4/23/8	7 Me	trope	olitan Cremato	rv Alex Va	
OR CONTRIBUTING CAUSE OF DEATH IF ETHER NOTIFY MEDICAL EXAMINER) P.M. T. 21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE NOT WHILE AT WORK 14 HOME. STREET, FACTORY, OFFICE, FARM, ETC 22d. I certify that (1) (this hospital) attended the deceased from above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE AULUS AULUS AULUS 22d. PHYSICIAN'S NAME (TYPEOR PRINT) COLIVER AULUS AULUS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME CONSPECTIVE 23c NAME CONSPECTI						Md. 250. DATE	R 2 4 1987	Desideon Randales

DHMH - 16 60M 7/84 (VRA 15, 4)

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completely filled in by the funeral director, page 3 ; 1 and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

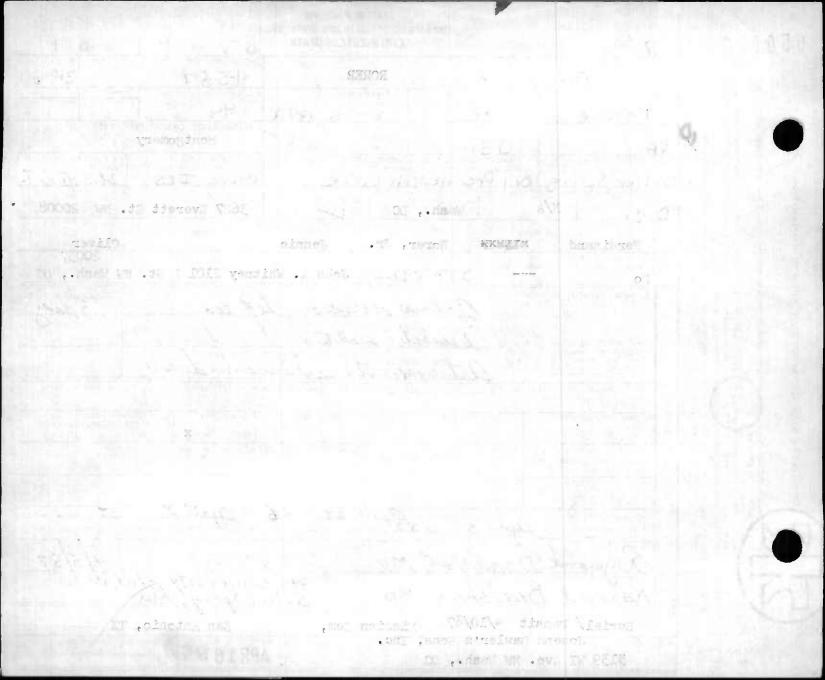
	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEAT		1881
	1 DECEASED NAME FRST (TYPE OR PRINT)	HANNAH	RORER	20. DATE OF DEATH MONTH	310 PM
-	1 Female	white		GAR GE (IN YEARS LAST BIRTHDAY) 9 A 9 BALTIMORE CITY OR COU	FUNDER I YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
3	70 BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY)	USA	MARRIED NEVER MARR	Montgome	
1	Silver Spring (NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SELPRE HEAL	HO Care	IZE. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI) Cleyk IPS	126. KIND OF BUSINESS OR INDUSTRY W.S. Gen'T
1	BULL RESIDENCE (IF NURSING HOMEOR OF	13c. CITY OR TOWN Wash	DC YES NO	□ 3627 Everett	st. NW 20008
1	7 02 00110110	Rorer Rorer		nie MIDDLE	Oliver
1	160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)		• Whitney 2101 L St	20037 NW Wash • DC APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
		DUE TO, ORATA CONSEQUE	les mehitus relesobie cara	Ligraseular disesse THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORME		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	19 21f LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITE) CITY OR TOWN	A 18 PART : ORPART ?) COUNTY STATE
	22a. I certify that (I) (this haspital saw the deceased alive on obove, (I) (we) (did) (did not iv 27b. SIGNATURE 22d. PAYS CIAN'S NAME TYPE OR RE	refithe body after death.	DEGREE ATTEN	opinion deoth occurred on the dote one NDING MEDICAL STAFF ICIAN DIRECTOR PHYSIGIAN WENTER STAFF ONLY OF STAFF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY ON	19 S7, that (44 (we) last bour and from the causes stated
	Burial/Transi	t 4/10/87 M	ission Cem,	San Antoni	
	24 FUNERAL DIRECTOR JOSEPH	Gawter a Sons,	THG.	250. DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

MORTANT: If Item 21 is marked or TO FUNERAL DIRECTOR Allishould be detoched for use as with the State Dept. of Health etoined by the hospital

5139 WI Ave. NW Wash., DC

APR 16 1987 Julia Devidson Randalle



STATE OF MARYLAND

FOR STATE			DEPARTA		EALTH AND MENTAL HY	GIENE			23	
REGISTRAR			MIDDLE	CERTIF			NO.	DAY - YEAR	ğ	
LIVPE ORPOINT	DORA	Dora	/)	DSE	Rosenburg	20. DATE OF DEATH	4/1	9/87	2b HC	
SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DATS	IF UND	
Femal	.e	Whit	ce	Decemb		93	YRS			
70 BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT				
Poland		Fran		WIDOWE	DXX DIVORCED	1001	VTGOA	IERY C	ount	
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUP		126 KIND C	F BUSI	
Rockvill					er Washington			Own	home	
UAL RESIDENCE (IFT	136 COUNT		GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	E		
Maryland	Montg			le	YES X NO	6121 Mont	rose Ro	oad / 2	0852	
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA	MIDDL	E	LA:	51	
Morton			Wajsmark		Fagle	Le(Unavaila				
160 WAS DECEASED ET	160 WAS DECEASED EVER IN U.S. ARMED FORCE				17. INFORMANT	919	Bucki	ngham D	rive	
No No				4434	Paulette Goodman, Silver Spring, MI					
PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
NO DATE OF OPE	RATION	19b COND	CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIF	S, WERE FINDI		
210. ACCIDENT WAS		216. TIME C		AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART + OR PART 2)		
OR CONTRIBUTING			M.	19						
(IF EITHER NOTIFY) 216 INJURY OCC	URRED		OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITYO	RTOWN	COUNTY		
sow the dec	27s.1 certify that (II) (the hospital) attended the deceased from									
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS									SIGNE	
	J.D.	PAT	EL		6/21 M	NTROS	ERD	Rod	271	
23a. BURIAL, CREMATIC		23b DATE			EMETERY OR CREMATORY	236 LOCATION		COUNTY		
Bui	rial	April 2	L, 1987 Ced	dar Par	k-Beth El Cemete	Paramus	, New	Jersey		

DHMH - 16 60M 7/84

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(VRA 15, 4)

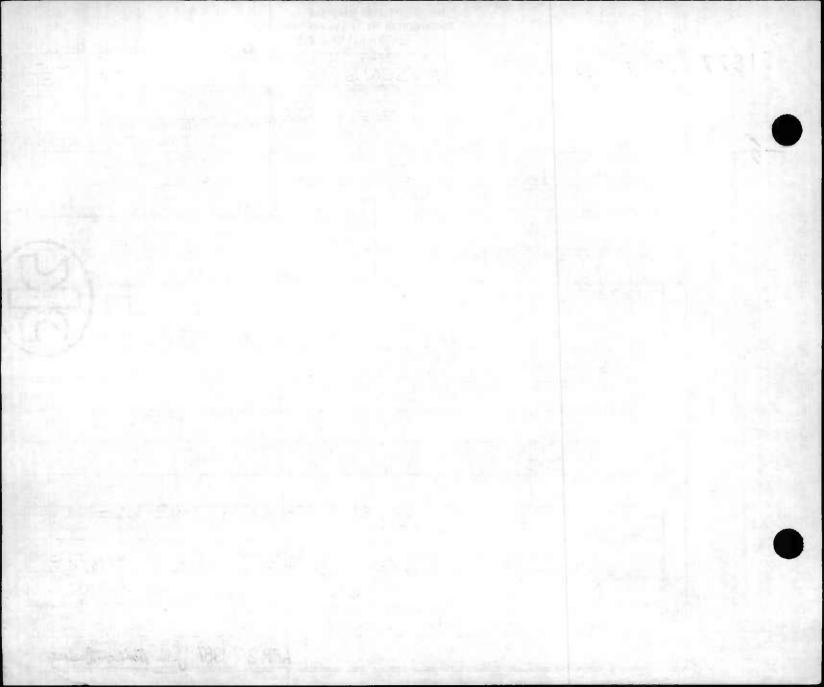
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and eshould be detached for use as the burial-transit permit. They please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buyol, cremation, or removal.

8.77

24 FUNERAL DIRECTOR Richard Rapp, Inc

P. O. Box 43352, Washington, DC 20010

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
APR 2 7 1987 Julia Dividen Condens



STATE OF MARYLAND

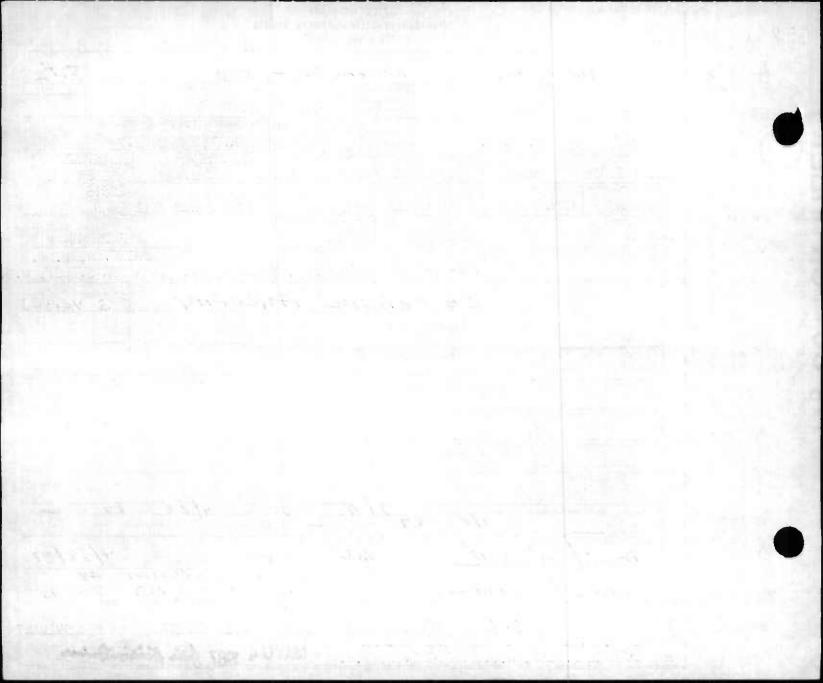
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2860 HAY	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 / REG. NO. 1 / 8 / REG.										
m= h/	[TYPE OR PRINT]									THOUR	
poge 3		MIRIAM			ROSE		APRIL	28	1987	8. A	
tor. p	FEMALE 7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)			WHITE D 76 CITIZEN OF WHAT COUNTRY? 8		DECEMBER 20, 1904		0.7100		ONTHS DAYS HOURS MIN	
Page direction of the second o							· · · · · · · · · · · · · · · · · · ·	9 BALTIMORE CITY OR COUNTY OF DEATH			
1 15 /						MARRIE	D NEVER MARRIED XX				
1190	10 CITY OR TOWN OF DEATH CHEVY CHASE		(ADDRESS)				120 FX POTTUP FOON			STONE CO.	
1115	130 5	AL RESIDENCE (IF NURS STATE ARYLAND	ING HOME OR		CHEVY CH	E ADMISSION)		130 STREET ADDRESS 8700 JONE	/ ZIP CODE	20815	
116/50		ERMAN ST	1	AIDDLE	ROSENBERG		15 MOTHER'S MAIDEN NAME CELIA FIRST MIDDLE			FRIEDMAN	
Poper	160 V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	165 SOCIAL SECT		LEONARD F. Y	OURMAN. 282	VV/ W11	INGTON	I, D. C.
ures that the de igned by the at please remay burial, cremati	MEDICAL	Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
he low requence of the second		19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED OF DEATH?
HYSICIAN: TI ding physici is certificate burial-transi Mental Hygi		710 ACCIDENT WAS UND OR CONTRIBUTING []	CAUSE OF DEA	P.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INAL	RY IN ITEM 18 PAR	PT OR PART 2}	
ING PHYSI		21d INJURY OCCURI	RK	(AT HOME ST	OF INJURY REET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
R ATTEND hospital o RECTOR if the for use for use out of the or the man 21 is m		220. I certify that (1) (this hospital) attended the deceased fram 7 9 19 5 to 4/28 19 8 7 that (1) (we) last saw the deceased alive on 4 8 19 8 7 and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (wa) (did not) view the body after death. 226. DATE, SIGNED									
the Deriver H H H		Danie	1/	opens	ll			MEDICAL STA		4/	28/87
TO HOSPITA TO FUNERA should be de with the Stot	30	22d. PHYSICIAN'S N	AME (TIME)	PENT)			The ADDRESS /D4	O CONNI	ECTIC	TA	V

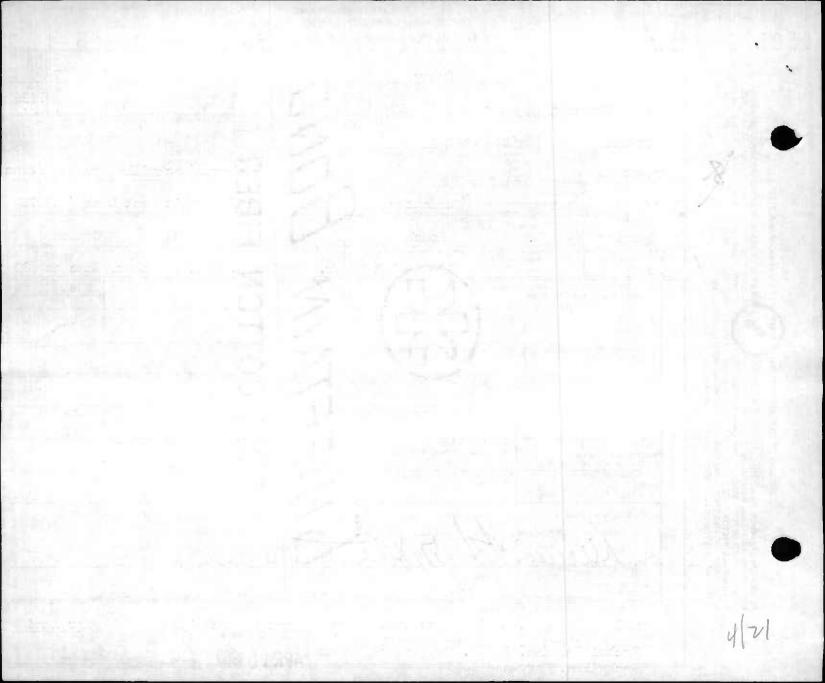
DHMH - 16 60M 7/B4 (VRA 15, 4)

BURTAL 4/30/1987 MOUNT CARMEL CEMETERY PHILADELPHIA PENNSYIVANIA
PONNAL DREMIOR STEIN HEBREW MEMORIAL FUNERAL HOME
232 CARROLL STREET, N.W., WASHINGTON, D.C.

MAY 0 4 1987 July 1000 MAY 10000 MAY 1000 MAY 1000 MAY 1000 MAY 1000 MAY 1000 MAY 1000 MAY 1000



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN XX DECEASED NAME (TYPE OR PRINT) ESTI-VOUR FILES. YOUR FILES. IN 72 HOURS DEATH MATED David Mickey 19 87 Routh 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. 2d HOUR IF UNDER 24 HRS 2c DATE MONTH DAY LAST BIRTHDAY) MONTHS 7:36 M PRONOUNCED January 1,1967 20 YRS DEAD 198 Caucasian BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! United States DIVORCED Montgomery County, IS NE Maryland
TO CITY OR TOWN OF DEATH 28 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Laborer/Rockville Crushed Stone Seneca Rd. east of Barryville Darnestown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 18558 Split Rock Lane / 20878 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X Maryland Germantown Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Routh Brenda Joyce Cannon Douglas 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMAN ADDRESS PAGES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Douglas L. Routh, Father, Same as 219-02-0782 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if ony, which CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL UID BE FORWARDED TO THE CHIFF MEDICAL EXAMINED DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRAN WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL IN WARTAAND, 21201 PRIOR TO BURIAL, CREMATION, OR REI gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR XXXX MONTH DAY YEAR 7.30 P.M. 4-12 19 87 driver in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK XX Seneca Rd. east of Barryville, Montgomery Co., road Mary Land Autopsy XX 226 I certify that I took charge of the remains described above, held on Inspection death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BAFTEN ORE, M 4-13-87 Assistant EXAMINER'S NAME Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236. DATE April 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 1987 16. Parklawn Memorial Park Burial Rockville Maryland 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rockville, Inc. 300 w. Montgomery Avenue **DHMH - 17** (VR A15 ME (5) Rockville, Maryland 20850



injury, ar ather troumatic event, th

IMPORTANT: If hem 21 is marked or hem

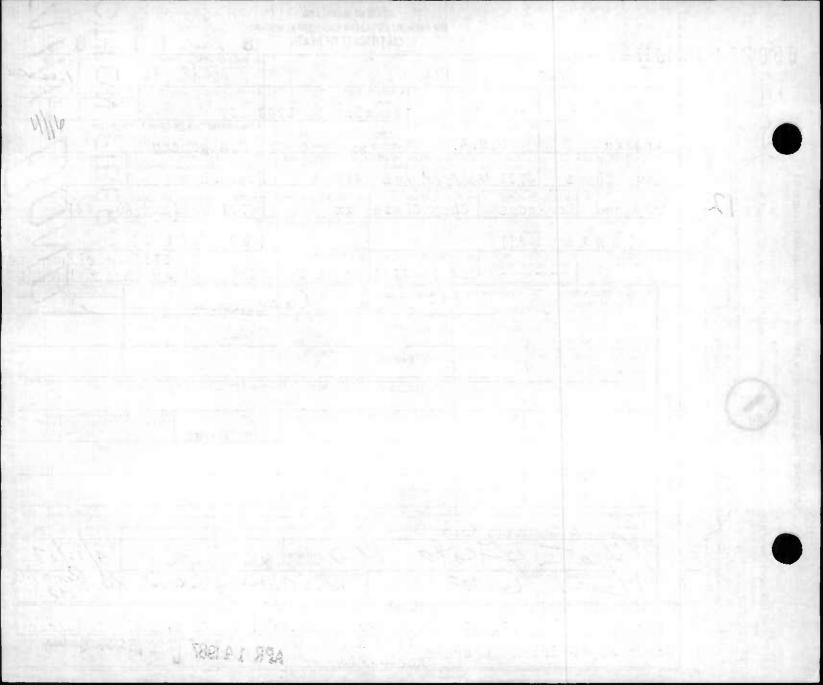
luneral director, page 3 hin 72 haurs after death

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		T OF HEALTH A	AND MENTAL HYGI OF DEATH	2 7	. 1 1	Q 3	3 6
6	I DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR) 2
		OR PRINT) ROSE		CASI		April		1987	1:00 A
	3 SE	Female	RACE S. Caucasian	DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ı			P	ecember	7, 1901		YRS		
61	70 BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NE	VER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1		Russia	11 0 1	IDOWED 7	DIVORCED	Montgom	10711		MD.
d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		R INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
1	CI	revy Chase	4701 Willard Av	(ESS)	2	Type of work for most formemaken		INDUSTRY	
d	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM			10 memaken			71000
>		aryland Mont	gomery Chey Cha	LS C YEXX		13e.STREET ADDRESS 4701 Wil	/ ZIP CODE	Aue #	418
i	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOT	THER'S MAIDEN NAM	MIDDLE	2 (4 11 1	ŁAST	,
4	14	VAS DECEASED EVER IN U.S. AR	WN)			UNKNO			
			/E WAR OR DATES)		ORMANT		RESS 133		klawn t
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		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for to and to	4-1-	0			BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (O)	Jate	apri	'enous			
ı			DUE TO, OR AS A CONSEQUENC	FOF					411.1
		Conditions, if any, which	(b)					100	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENC	5.05					
1		underlying couse lost.	DUE TO, OR AS A CONSEQUENC	E OF				1200	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT BE	ATED TO THE TERMI	NAL DISEASE OR CON	IDITION CIVE	NUMBER OF THE	
١	CERTIFICATION	THE STORY CANT	CONTINUE CONTINUE IN THE TEXT	D DOT NOT KEE	TATED TO THE TERMIN	IVAL DISLASE OR COL	40111014 0146	NA IN FART 110	
	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OP	RATION WAS P	PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
	TIFIC	Marine Marine				YES NOTE		ING CAUSES	OF DEATH?
H	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HC	W INJURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19 211 100	CATION				
1	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM.	ETC)	STREET	CITY OR 10	OWN	COUNTY	STATE
1	- 1								
1		saw the deceased alive an	tol) attended the deceased from	and that in	, 19	eath occurred on the c			that (I) (we) last
1		oboye (I) (we) (did) (did no	t) sew the bady #156 death.		(my) (our) opinion a	eoin occurred on the c	aore ond nour		/ /
1		The Sportal year of	Licha	DEGREE) ATTENDING	AMEDICAL STA	CC	22c. DATE	SIGNED
		, can	700	1 1 1		MEDICAL STA	CIAN	7/	201
Λ		22d. BHYSICIAN'S NAME LITYPE C	OR PROVIDED AND	22e AD	DORESS	442 V CA	21115	RO 0	ROCKVIII
		(ARS IN	G1771	/	7 12, 0.		w v c	VCI3.	No.
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAM	E OF CEMETERY	OR CREMATORY	23d LOCATION			
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					by i P PODATE	REC'D. BY REGISTRA	256 REGISTR	AR'S SIGNAD	URE
	Va	inzansky-Gold	berg Chapers 11	hu i DD a	AP	R 14198/	y W	Varatis. V.	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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within 24 haurs after death. Page 4 may be

STATE OF MARYLAND

RTMENT	OF	HEAL'	TH	AND	MENTAL	HYGIE
CE	RTI	FICA	TE	OF	DEATH	

-1	1.	STATE	DEPART		TEALTH AND MENTAL HYG	HENE	
1		REGISTRAR		CERTII	FICATE OF DEATH	8 / REG. NO.	8 8 6
1		EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH D	YEAR 26 HOUR
	(T 94PE)	Rose		So	fier	4 2	0 87 0221 4
1	3 SEX		4 RACE	5. DATE	OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	MONT 3	17 OS	82 YRS.	ONTHS DATS HOURS MIN.
εł	-	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
		ew York	U.S.A.	WIDOW	DIVORCED [Montgomy	ecu MD.
4	H CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
7	R	ockville	Shady Grove Adv		t Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	Home
1	13a. S	TATE 113h COU	or other institution give residence before inty ntgomery Silver S		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 14510 Homecrest	20.906
4	-		ntgomery Silver S	pring	YES NO		Road
1		THER'S NAME	Silverber		Anna FIRST		nknown
4	-	ernard					
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECTIVE WAR OF DATES) 098-24-		Gladys Jacobs	PotomacqueMaryla son(daughter) 9405 V	Voodington Dr.
1	_	No -			Grady's sacous		
ı		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), as ED BY:	nd (c'.)	Dellacid Dem	OUTE All Black)	BETWEEN ONSET AND DEATH
			TE CAUSE (0) CROICE	ENIC	SUPOCK- COM	PUTTE AU POBOL	I MA UD
			DUE TO, OR AS A CONSEQU		TOPPLAT INFIVE	. 61	3 Harra
1		Conditions, if any, which gove rise to immediate	(p) lengt	my n	BAPARE [NAIA]	<u> </u>	8 MOUR
ł		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU		and a tingle		
1			(c) PILLINUSCU	14.14	m AM I WATTER	•	
1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 110
5	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED
a	IFIC					YES NO YES	YING CAUSES OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	- 117	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
		OR CONTRIBUTING CAUSE OF DE	AIH HIA	AY YEAR			
1	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION	Table 1	
ł	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
1		AT WORK AT WORK	all) ottended the deceased from	- 11	10 7	4 2	Bar Bar
1		saw the deceased alive of	19 19 19 2	871.	,	death accurred an the date and hour	and from the couses stated
ŀ		obove, (I) (we) (did) (did) 22b. SIGNATURE	att are the body after death.		DEGREE		IT. DATE SIGNED.
			/ IIII		ATTENDING L	MEDICAL STAFF	11/20/37
H		224 PHYSICIAN'S NAME (TYPE	OR FUND		PHYSICIAN [DIRECTOR PHYSICIAN	1 001
		COECADIA	1000		1-22 - 0	APVI MILE ON	Dag//1116/2 2-1
4		PLEMONIO	NO II		1 17 57 9 9	MANY GROVE MY).	JOCAN MINE HOLD
	23a B	URIAL, CREMATION, REMOVA	1 236 DATE 4/21 /07		Tonte Fiore	23d LOCATION Ingdal	e OUNNew York

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has the

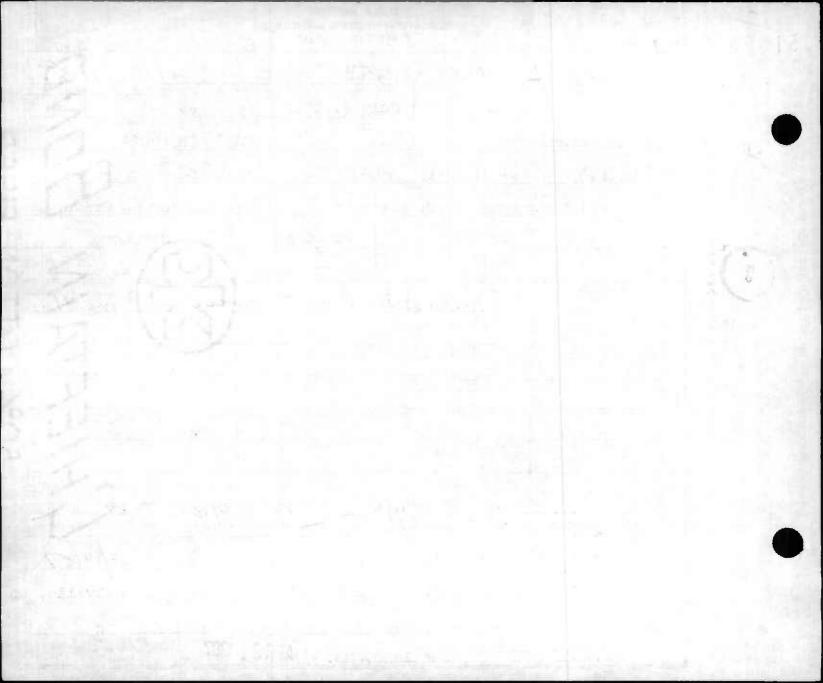
Burial 4/21/97 New Conte From 1331 Rockville Pike Rockville, Maryland 20852

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3. SEX Female White July 8, 1917 10. BIRTHPLACE (STATE OF FOREIGN COUNTRY) WISSOURI USA WIDOWED DIVORCED WORKING LIFE USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE RESIDENCE UF NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 1310. COUNTY 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 1310. COUNTY 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. COUNTY 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. COUNTY 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. STATE 13110. COUNTY 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. CITY OR TOWN MARYLAND MONTH OF WORKING LIFE 13110. CITY OR TOWN MONTH OF WORKING LIFE MONTH OF WORKIN	YEAR 26 HOURS
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
No Robert Sagen Same as	
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DUE TO, OR AS A CONSEQUENCE OF	
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gave rise to immediate cause (a), stating the underlying cause lost	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2	PART Ira
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OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	UNIY STATE
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saw the deceased alive an above, (II) land (did not view the blog other application), and that in (my) for applicance death occurred an the date and hour and Irac above, (II) land (did not view the blog other application).	rom the causes stated
226. SIGNATUS	C. DAJE SIGNED
	8/14/87
PHYSICIAN POPRECTOR PHYSICIAN PHYSICIAN	7
Of Original Action of the Control of	ckville, Mo
SPECETY OF CEMATION, REMOVAL 738, DATE SECTION COUNTY	
BP Cremation 15Apr1987 Cedar Hill Crematory Suitland	
OHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR NAME ROBERT E Wilhelm ADDRESS. FUNERAL DIRECTOR Suitland, MD. 256 DATE REC 6. BY, BEGISTRAR TO, BEGISTR	TY STATE



	1					TE OF MARYLAND			
50473	41	FOR STATE REGISTRAR				HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO	1111	8 8
nay be page 3		CEASED NAME E OR PRINT)	AVIX	MIDDLE	SAM	AKOW	20. DATE OF DEATH	ANTH DAY YEAR	26 HOUR 1115 PM
ge 4 may ector, po	3 SE	MALE	4 RAC	HITE		IST 2 PAY 1900	6. AGE IN EARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DAY YRS.	
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The law room to have been in permit prene prior	CERTIFICATION	14e DATE OF OPERAT		CONDITION FO	WHICH OPERATION	ON WAS PERFORMED	YES N	IN IF YES, WERE FINI IN CERTIFYING CAUS YES [
g physic gertificate rial-trans ental Hyg	6	21a. ACCIDENT WAS UND DECONTRIBUTING CO. LECUNER, NOTET MEDIC	AUSE OF DEATH	E TIME OF INJURY YOUR A.M. MO F.M.	INTH DAY YEAR		RED (ENTERNATURE OF MILE	Principle of the Company of	1
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ALOR A the har ALDIRE detached ore Dept.		The SIGNATURE	7 3	Men	1 3	ATTENDING PHYSICIAN	MEDICAL STAI	FF 1/	LIS SIGNED 87
retained by to Found by the Story with the Story		The S	ME (TYPE OR PRINT)	WAR	D 61.	& ROBINA	100 B. B	cohenda	20817
BP		BURIAL, CREMATION, I		DATE /7/1987		CEMETERY OR CREMATORY LEBANON CEMETE	RY ADELIPHI	RINCE GEORGES ^{NY} M	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	DONALDEM. S 232 CARROLI	STREET	BREW MEMO	DRIAL FUNE WASHINGTO	-KAL HUML	R - 9 1987		Rendal

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	REGISTRAR			CERTI	FICATE OF DEATH	8 / REG. N	10.	1 0	0 0
	ECEASED NAME FIRS	ī	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		JOHN PHILI	IP SAMUELS	S		APRIL 2	1987		1:30 P _M
3. S	EX	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE	CAUCAS	SIAN		LY 5 1916 YEAR	70	YRS	MONTHS	HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	B.	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
	ILLINOIS	UNITE	STATES	WIDOW	-0.0	MONTGOME	RY		MD.
19	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
K	BETHESDA		NAVAL HO	DSPIT		RETIRED		U.S.	
13a		ME OR OTHER INSTITUTION OUNTY ONTGOMERY	I GIVE RESIDENCE BEFORE 13c CITY OR TOW BETHESI	'N	13d INSIDE CITY LIMITS? YES NOX	130 STREET ADDRESS 4549 FAI			20814
15)	ATHER'S NAME FIRST TOHN TO	SEPH SAMUE	EAST		15 MOTHER'S MAIDEN NA/	MIDDLE	CMVDEI	AJ C	ist
16a	WAS DECEASED EVER IN U.		16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR		.\	
	YES (15 YES)	942-1962	327-01-9	9337	MARY ELLEN SA	AMUELS, 1160	8 SOUT	TH ARTE	SIAN AVE
	18 CAUSE OF DEATH (Ent		r line far (a), (b), and	d (c),)	CHICAGO, II	60655		APPROX	XIMATE INTERVAL
	PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	CHRONIC	LIVE	R FAILURE				
		DUE TO . C	R AS A CONSEQUE	ENCE OF					
	Conditions, if ony, which	th ((b)_		RRHOS	IS				
	gove rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
	underlying cause los	<u>f.</u> (c)							
z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO D	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIV	VEN IN PART 1	la,
5							Tool 10 MF		
CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES	S OF DEATH?
ER	21a. ACCIDENT WAS UNDERLYIN	IG 1216, TIME O	OF IN HIRY		21c HOW INJURY OCCURR	YES NO		ES M	NO 🗌
	OR CONTRIBUTING CAUSE		M. MONTH DA	AY YEAR		(ENIEK NATURE OF IN)	JKT BY IIEM IB 1	PARTI OR PART 2]	
MEDICAL	(IF EITHER NOTIFY MEDICALEXA		OF INJURY	19	ZII. LOCATION				
ME	WHILE NOT WHILE AT WORK	LAT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that (1) (this	hospital) attended t	ne deceased from_	MARC	H 1 , 19.87	, toAPRII	2	1987	, that (I) (we) last
	saw the deceased alimabaye, (1) (we (did) (d	ve anA]	PRTL 2 19	81,0	and that in (my) (our) opinion o	death accurred an the o	date and hav	ur and fram the	causes stated
	27h. SHGDATJURE	na nati view ine baai	aner deam.	-15	DEGREE			22c DATE	ESIGNED
	HUM	55m	MD		ATTENDING PHYSICIAN	MEDICAL STA		031	APRILET
	224 PSICIANS NAME (Carpenty.			22e ADDRESS NAVAI	L HOSPITAL			
	T. A. DOWG	IN. LT. MO	C. USNR		BETHI	ESDA, MD 20	814-50	011	Charles
230	BURIAL, CREMATION, REMO	OVAL 236 DATE	23 c. N	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	CREMATION	11. 11. 70	287 01	TOTAL A TI	DC CDEMARODY	PITTERDA	TE	PCC	Ma

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

CHAMBERS CO.

24 FUNERAL DIRECTOR

SILVER SPRING, Md.

APR

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STATE OF MARYLAND

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mo po		3. SE	ζ -	4. RACE			5. DATE C			6. AGE LINYEA	RS LAST BIRTHDAY	IF UNDE		R 24 HRS
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2 2 3	35	19.00	2 2 1.	is county		thesd		13d. INSIDE CITY	Y LIMITS?	13e.STREET AD			2007	7
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		230. E	URIAL, CREMATION, RE	MOVAL 236. DA	100	7 Z3C. N.	AME OF C	EMETERY OR CRI	EMATORY	23d. LOCATE	ON			

DHMH - 16 60M 7/84 (VRA 15, 4)

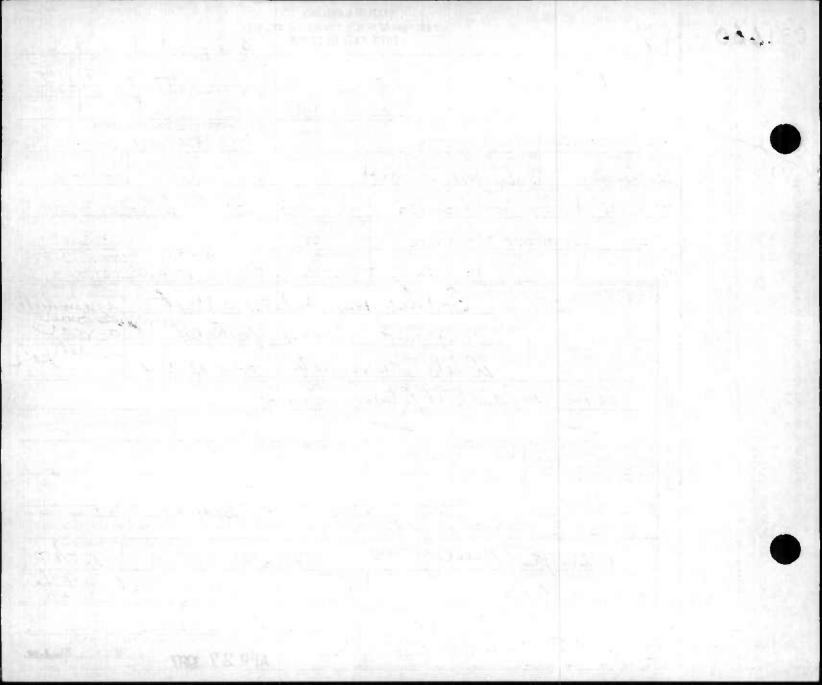
Burial

Spring,

or 28 Gate of Heaven
Pumphrey Funeral Home
Inc. 7557 Wisconsin Av., Pethesda-Chevy Chase Bethesda, Md. 20814

Cemetery, Silver Spring
750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

=a Travidson Randell



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

etoined by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cor should be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If frem 21 is morked or frem 18 shows ony

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of director, page 3 hours ofter death

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1	FOR STATE			DEP	ARTMENT OF	REALTH AND MENTA	AL HYGIEN	E				
12.	REGISTRAR				CERTII	FICATE OF DEATH	1 8	REG. NO		3 9		
	CEÁSED NAME	FIRST		MIDDLE		LAST	20		MONTH	DAY YEAR	2b. HOU!	R
(TYP)	OR PRINT)	FRED			SAND	LER		April 8, 1	987		10:4	la _M
3. SE	X		4. RACE		5. DATE (AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	
	Male		White	9	Aug			59	YRS.	MONTHS: DAVS	MOURS	MIN.
	RTHPLACE (STATE OF F	FOREIGN	76. CITIZEN OF	WHAT COUN	JTRY? 8.	NEVER MARRIE	9 1	BALTIMORE CITY OF	COUNT	Y OF DEATH		
	w York		U.S.A.		WIDOW			Montgome	ery	County	,	MD.
10. C	ITY OR TOWN OF DEA	ATH			URSING HOME	OR OTHER INSTITUTIO		USUAL OCCUPATION	ON	126 KIND O		
	ethesda		7558		ake Te	rrace		P.A. (Ret		U.S.	Gov't	
USU 130.	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE		13d. INSIDE CITY LIM	urce 112.	STREET ADDRESS /	ZIR COD	NE .		
M	arvland		gamery	Bethe	_	YESXX NO		558 Westla			(2081	7)
14. Fz	ATHER'S NAME		,	1 == 0 == 1		15. MOTHER'S MAID		JOO MEDEZE	ole 1	CITACC	12001	
	Meyer	/	MIDDLE	Sandle		Bertha		MIDDLE		LAS		
160 \	VAS DECEASED EVER	IN II S AP			SECURITY NO.	17. INFORMANT	d	ADDRES	56 . 1	Horow	Itz	
(YES, NO OR UNKNOWN)		WAR OR DATES						Beth	esda, M	d. 20	1817
	Yes			134-18	3-2349	Alice San	dler;	Wife;7558	West			
-	18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	y one couse per	r line for (a), (l	b), and ici.)	-		2 1.4	146	BETWEEN C	MATE INTERV	DEATH
	PARTI. DEATH W		E CAUSE (o)	Card	reores	perdon	ar	rest		In	mal	20t
			DUETO	DAS A CONS	SEQUENCE OF		10					
	Conditions, if any,	which	(,,0	Mac	le sa a a	at land	al	ases		10	400	110
- 10	gove rise to imn	nediote) 10)_		- 7000		1				0	011
	couse (a), stoling the underlying couse last											
	DART 2 OTHER SICA	LIEICANIT	(0)	ON IT DIRLITING	- 10 DF - 711 B117	NOT BELLIEF TO THE				1		_
z	PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONIKIROTING	S TO DEATH BUT	NOT RELATED TO THE	IE IERMINA	IL DISEASE OR COND	ITION GI	VEN IN PART 110	,	
CERTIFICATION	19n DATE OF OPERAT	IAON	In cont	ITIONIFORM	UNICH OPERATIO	ALL LANGE DE DE CONTRA LA						
2	DATE OF OPERA	HUN	196 COND	IIION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FINDIN		
E								YES NO		ES 🗌	NO 🗌	
	OR CONTRIBUTING		21b. TIME C		DAY YEAR	21c. HOW INJURY O	DCCURRED	(ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)		
SAL	(IF EITHER NOTIFY MEDIC		in .	M.	19							
MEDICAL	21d INJURY OCCURE	RED	21e PLACE			211 LOCATION		CITY OR TOW	0.1	COUNTY		TATE
2	WHILE NOT WH	RK R	(AT HOME STI	REET, FACTORY, OI	FFICE, FARM, ETC]	STREET		CITY OR TOW	10	COUNTY	21	ATE
	220.1 certify that (1)	(this hospit	al) attended th	e deceased for	romS	17 19_	8 3	to 2/2	9	19 8	that (I) (w	(e) lost
	saw the decease above, (1) (we) (a		A land	24	19_ 8 . 01	nd that in (my) (aur) o	pinion deat	h occurred on the do	te and has	ur and from the	couses stat	ted
	226 SIGNATURE	ara raid noi	1 /	offer deoff.	Λ	DEGREE				22c DATE	SIGNED	
	Ken	net	V G	of Di	Re	ATTEND PHYSIC	ING N	AEDICAL STAF	an []	April	. 8,	1987
	22d PHYSICIAN'S NA	AME (TYPE OF	PRINT			22e ADDRESS					2003	
	KENNET	H GO	LDSTEI	N, M.	D.	2141 K St	treet	, N.W., Sui	te 60	03;Washi		
23o E	BURIAL, CREMATION,		23b DATE			EMETERY OR CREMAT		23d LOCATION				
1	Burial		4/9/87	,				CITY OR TOWN		COUNTY	51.	ATE
24 51	NECT OF STORES		14/3/0/		Deul El	Cemetery		Paramus,	New .	Jersey		

DHMH - 16 60M 7/84 (VRA 15, 4)

ODANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md . 20852

1 dia Vindron Pondres

A CS - Palm E S - N. I. MARCHINE CO TRACT PRA

05	1283	1	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE REG. NO.	8 9 2
e 4 moy be	director, page 3 haurs after death		CEASED NAME FIRST PAU X MALE	A RACE	SC S. DATE	HINDLER OF BIRTH	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30M 17-87 8 9M IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.
Offer death. Page	by the funeral direct filed within 72 hours notified at an		RTHPLACE (STATE OR FOREIGN SOLVER TO THE OR TOWN OF DEATH WELL SOLVER TOWN	USA	WIDOV	NEVER MARRIED DIVORCED DO OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Ment gomes 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Salesman	1 126 KIND OF BUSINESS OR
within 24 hour	2 should be in commer must be	13a N	AL RESIDENCE (IFNURSING HOLE C STATE ATYLAND 136 COU MON STHER'S NAME MOSTITZ	Egomery 13c CH	ence before admission heatton chimaler	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAM	13e.STREET ADDRESS / ZIP COD 901 Arcola Sti	reet 20902
te be executed	physicion and compropers. Pages 1 of moval.	(VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SON	CIAL SECURITY NO.	Irma 17. INFORMANT Dorothy Per	rlman llåppæss LeHe	Nagel avre Drive Md. 20854 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certific	n signed by the attending Then please remove corbon to burial, cremation, or ret injury, or other traumatic es	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A C (c) CONDITIONS CONTRIBU	ONSEQUENCE OF	Musin		2 W/W
UDING PHYSICIAN: The la	After this certificate has see as the burial-transit per alth and Mental Hygiene marked or Item 18 spaces	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER. NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK 220.1 certify that (I) (TEXTER	R) P.M. 21e PLACE OF INJU (AT HOME STREET FACTO	NTH DAY YEA 19 RY IRY, OFFICE, FARM, ETC.)	R		PART I OR PART 2) COUNTY STATE 7 19 7 that (I) (A) (I) (A) (I) (A) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I
TO HOSPITAL OR ATTEN	TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He lithogram.	(sow the deceosed olive o obove, (1) (% X did) (did X 7) SIGNATURE	DR PRINT)	oth. 19.	DEGREE ATTENDING PHYSICIAN ©	death occurred on the date and ha	ur and from the couses stated 121 DAY SIGNED 4/18/87
RD			BURIAL, CREMATION, REMOVA BUTTIAL	Apr. 19, 198	King I	CEMETERY OR CREMATORY David Mem. Pk.	13d location Francisco Churc	h, ou Wirginia State

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR Ives - Pearson Funeral Homes Falls Church, Virginia 22046

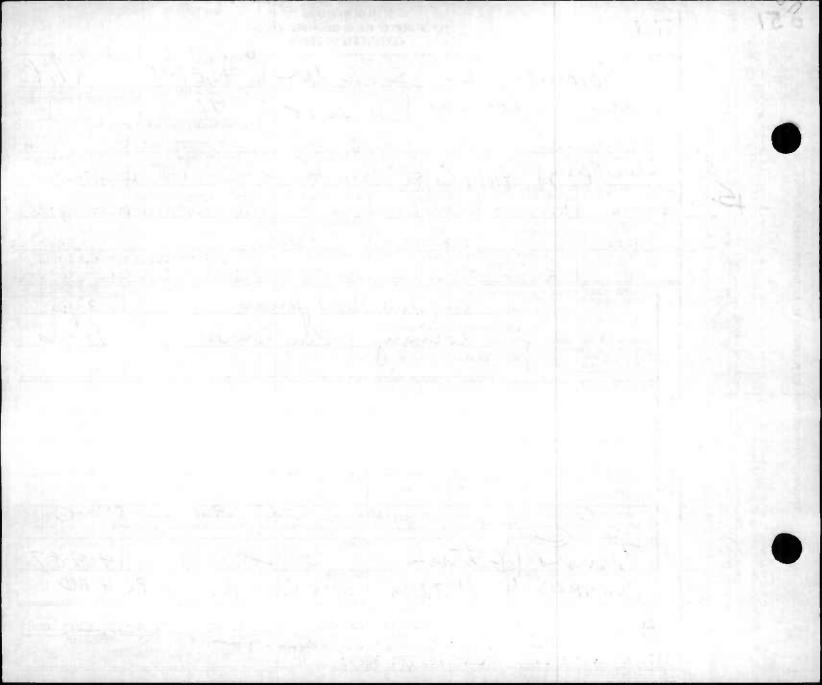
ADR 2 2. 1987

the state of the s MAL # 1946 S.S. #94

STATE OF MARYLAND	5	T	AT	E	OF	M	ARI	L	NE)
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5/550 AM	0-	2 2 79				OF MARYLAND	***		
A M O WELL	1.4	FOR STATE		DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE		
		REGISTRAR			CERTITI	CAIL OF DEATH	REG. NO		9 3"
a 6. £		CEASED NAME FIRST	0.	MIDDLE	()	1 - 1 1 4 5	DATE OF BEATH	ONTH DAY	YEAR 26 HOUR
deoth deoth		Samu	-	L- ,	SCK	herous	71101	, /	/// M
rs after	3. SE	nale	4. RACE	icana.	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
Pond Pond	7a. B1	RTHPLACE (STATE OR FOREIGN	76. CITITENI OF	WHAT COUNTRY?	8.	XNEVER MARRIED -	9. BALTIMORE CITY OF		ATH
in 72	W	ashington, D.C	u.	S.A	WIDOWED		Montgomery		MD.
1.48		ELLE Spring		HOSPITAL, NURSIN		SDITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Business Or	WORKING LIFE) INDI	KIND OF BENESOR USTRY .) Hardware
16 30	USU/ 13a. S	L RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
かしし			tgomery	Silver S		YES X NO			enue (20901)
2 sh		THER'S NAME	MIDDLE	1467		S. MOTHER'S MAIDEN NA			1457
apple of the state		Harry	MIDDLE	Schnei	der	Goldi			Kessler
0 -		AS DECEASED EVER IN U.S.		16b. SOCIAL SECU		17 INFORMANT	Sil Ver	Spring.	Md. 20901
Pages medical	t,	ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	579-07-1	338	Beatrice Sch			dington Ave.
the r			nahi nan sausa na			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ilozaoz , naze		APPROXIMATE INTERVAL LETWEEN ONSET AND DEATH
ent,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		Consis	1.7	Sent Lail	IN		3 Ms
i ev		IMMED	IATE CAUSE (0)		ma	The second			3 9/10
or of		6 Pri 9	DUE TO, C	R AS A CONSEOU		math 1	Januar	- 1	15-410
1,4		Conditions, if any, which gave rise to immediate	(b)	aur	any	oury o	Tarre L		1-1-
sse re , creman other traumatic		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEOU	ENCE OF	1			
igned by ien please burial, a ury, ar att	z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN P	PART lia
y inj	CERTIFICATION	190 DATE OF OPERATION	TIPL COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20g AUTOPSY?	20h IE VES WEDE	FINDINGS USED
Co present	5	THE DATE OF OPERATION	198 COND	IIION FOR WHICH	OPERATION	WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?
shave shave	E		5 011 THAT	SC INTRIDA		at How brilley occurs	YES NO	YES 🗌	NO 🗌
DE TO		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	IN ITEM IB PART I OR I	PART 2)
Mental Amental	CA	(IF EITHER, NOTIFY MEDIC ALEXAMI	NER) P	.M.	19				
the bu	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC }	21f LOCATION STREET	CITY OR TOV	VN COL	UNIY STATE
h or h or rke	-	AT WORK NOT WHILE AT WORK							
s mo		22a I certify that 11 / this ho	spital) attended tl	ne deceased from_	201	17	, to4-18	19€	, that (I)(we) last
2 9 6 0		saw the decebsed alae- above, (If (we) (did/) did	not view the body		5 / , one	that in (my) (our) apinion	death accurred an the da	te and haur and fr	om the causes stated
ept.		176 SIGNATURE	110	1	D	EGREE		220	c. DATE SIGNED
etacl etacl te De		Bunner	164	Fre		ATTENDING PHYSICIAN P	MEDICAL STAF	F AND 4	4-19-87
FUNERAL uld be det		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS)		11 111
		BERNARI) H.	OSTRU)W	5225 POOK	ES HILL P	P BETH	H MP
O od M		URIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION		
		Burial	4/22/	87 Ju	idean N	femorial Gdns	. Olney; Mo	ontgomery	Maryland
	24 F	INERAL DIRECTOR DANZA	NSKY-GOL	DBERG MEM	ORTAL.	CHAPELS 250. DAT			
- 16 60M 7/84 RA 15, 4)		70 Rockwille					14. 148/		

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SCHWARTZ

5. DATE OF BIRTH

CERTIFICATE OF DEATH

	8 / REG. N	10.	1	3	9	4	
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	JR	
	APRIL	3,	198	7	2:50A		
	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	REAR	IF UNDER	24 HA	
3	93	YRS.	MONTHS	DAIS	HOURS	Mil	
7	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH			

FEMALE

REGISTRAR L DECEASED NAME

- STATE

TYPE OR PRINTS

4 RACE WHITE

DECEMBER 4. 1893

TO BIRTHPLACE ISTATE OF FOREIGN VERMONT

ANNA

WIDOWEDXX

MARRIED NEVER MARRIED

TYPE OF WORE FOR MOST OF WORKING LIFE

HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

10 CITY OR TOWN OF DEATH SILVER SPRING

HOLY CROSS HOSPITAL

13e STREET ADDRESS / ZIP CODE

1220 EAST WEST HIGHWAY

MARYLAND 4 FATHER'S NAME

USUAL RESIDENCE 30. STATE

> MONTGOMERY SILVER SPRING

TH CITIZEN OF WHAT COUNTRY

YES X

15 MOTHER'S MAIDEN NAME

MIDDLE KOVENSKY

20910

JOHN

NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

166 SOCIAL SECURITY NO 076-07-75330

GLADSTONE

FANNY 17 INFORMANT

1220 EAST WEST FRANCIS L. STEIN.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

NO [

STATE

Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

CITY OR TOWN

20a AUTOPSY?

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOV YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE AT WORK

21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC)

211 LOCATION

LONG

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

sow the deceased alivera abave ((1) we) (did) (did not view the bady after death

DEGREE

and that in (pry) (our) opinion death accurred on the date and hour and from the causes stated MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

BERNARD H

22e ADDRESS 5225 Pooks Hill Rd.

ATTENDING

BETHESDA, MD. 20814

230 BURIAL CREMATION, REMOVAL BP.

CERTIFICATION

MEDICAL

236 DATE 4/5/1987

OSTROW

220 I certify that (1) (this hospital) attended the deceased from

23c NAME OF CEMETERY OR CREMATORY MOUNT ARARAT CEMETERY

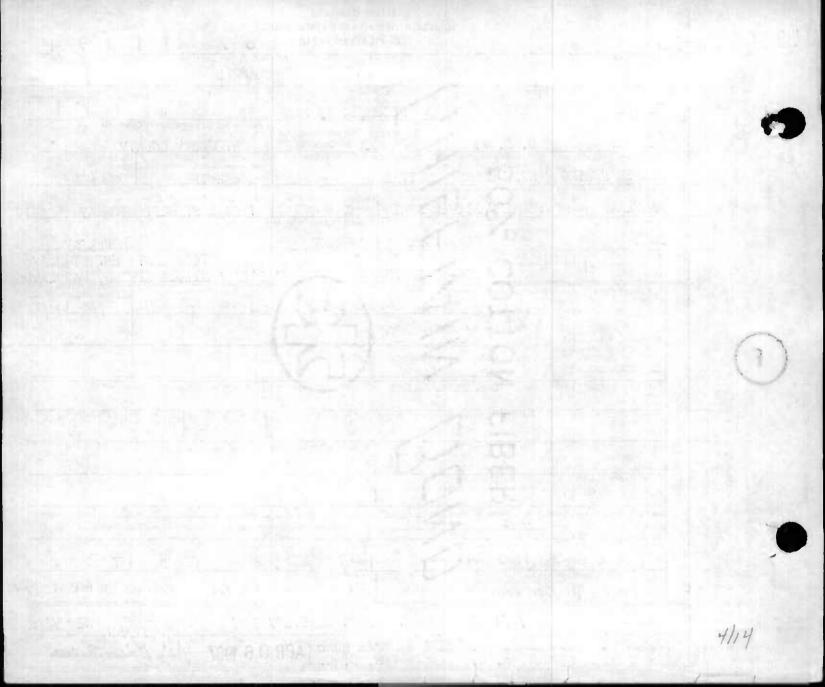
NEW YORK

FUNALUTIME STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

APR 06 1987 Quita Dender Property 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT

DHMH - 16 6000F/94

(VRA 15. 4)

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FOR - STATE REGISTRAR DECEASED NAME

YPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO	o. 8	25
Schwartz (20 DATE OF DEATH	4-10-87	1250 AM
5. DATE OF BIRTH MONTH DAY OCT - 10 - 1901	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED XX WIDOWED XX DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHTY, GIVE STREET ADDRESS)	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KIND OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
L GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS? Del Ray Beach YES NO		2	33445 Point
Schwartz Dorothy	MIDDLE	(Unkn	own)
064-20-1275 Ilene H. Ric			on Lane:
· Cordio Nespirating andst		BETWEE!	XIMATE INTERVAL NONSET AND DEATH
OR AS A CONSEQUENCE OF CHUMIC Bromelute and Pru	enenia	40	is + weeky
OR AS A CONSEQUENCE OF			/ /
ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1	10.
ITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
OF INJURY .M. MONTH DAY YEAR .M. 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART ? OR PART 2)	
OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ne deceased from MSULL 25, 1987	death occurred on the do	ote and hour and from th	, that (I) (we) lost e couses stated

Julia Dividson-Randalle

3. SEX 4. RACE White Male To. BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF COUNTRY U.S. Rumania CITY OR TOWN OF DEATH 11. NAME OF LE NOT IN SU Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE Palm Beach Florida 4 FATHER'S NAME MIDDLE Louis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)___ DUE TO, O Conditions, if any, which (b)_ gave rise to immediate couse (o), stating the DUE TO, O underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS O CERTIFICATION 190 DATE OF OPERATION 196 CONE 21a. ACCIDENT WAS UNDERLYING 21b. TIME C HOUR A OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE (AT HOME, ST NOT WHILE 220.1 certify that (I) (this hospital) gittended to sow the deceased alive on obove, (I) (we) (did) (did not) view the bady 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 4343 MONTGOMERY AU 1018 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 4/10/87 Judean Memorial Gdns. Olney; Montgomery; Maryland

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md. 20852

ALA Branchite Day Migra Frage

4/15

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician.

rol director, page 3 72 hours ofter death

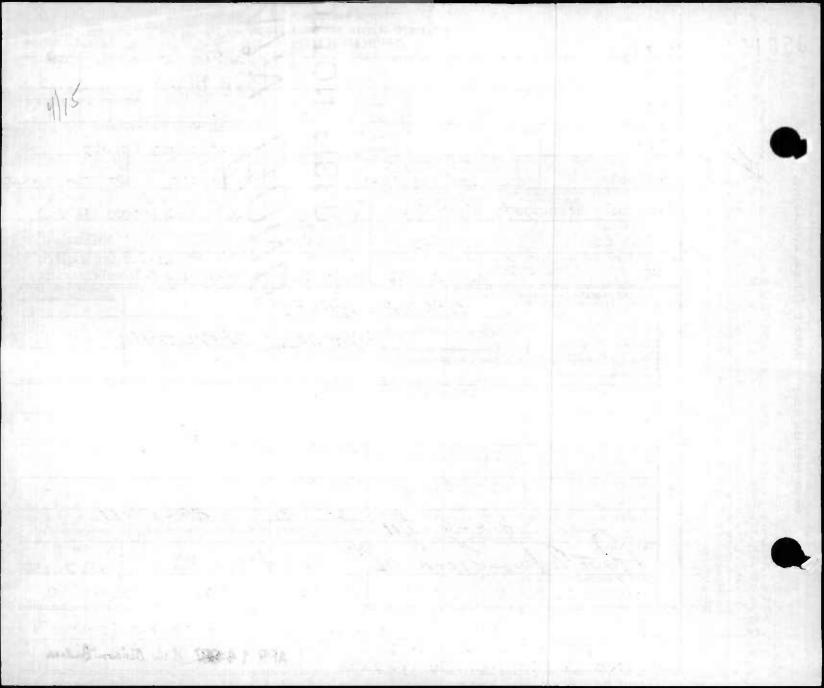
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10.	1 13	9 6	
1. DECEASED NAME	FIRST	,	MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	MORRIS		L.	SE	LBY	April 7.	1987		3:19a M	
3. SEX	4 RA	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
Male	W	White	2	Marc		68	YRS	MONTHS DAYS	HOURS MIN.	
O. BIRTHPLACE (STATE)	OR FOREIGN 7b. CI	ITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		TY OF DEATH		
Ohio		J.S.A.		WIDOWE	NEVER MARRIED DIVORCED	Montgon	10717	Counts	7	
10. CITY OR TOWN OF D	EATH 11. N	11. NAME OF HOSPITAL, NURSI				12a. USUAL OCCUPAT			County, MD	
Bethesda		(IF NOT IN SUCH FACILITY, GIVE STREET AD				Podiatris		INDUSTRY		
UAL RESIDENCE (IF N	URSING HOME OF OTHER	Suburban Hospi		ADMISSION	1	Poulaulis	SL.	Private Prac		
Maryland	136 COUNTY	ntgamery Chevy C		WN 138. INSIDE CITY LIMIT		13e.STREET ADDRESS				
4 FATHER'S NAME	Profitegan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4620 N. Pa	irk A	venue	(20815)			
Julius	MIDDLE		CI JAST 1		15. MOTHER'S MAIDEN NA	ME		T.7 1/	457_	
Julius			Selby		Nettie			We		
MAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESSIL	ver Spri	ng,Md.	
(YES OOR UNKNOWN) (IF YES, GIVE WAR OR DA			286-05-8	86-05-8978 Judith Blanken; Daughter; 2			; 2 Sc	Schindler Court;		
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).									XIMATE INTERVAL LONSET AND DEATH	
PART I. DE ATH	WAS CAUSED BY:		PART	IAC	ARREST			BC T T C	OHOLI AND DEATH	
couse (a), sta underlying cou	use lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM				(0)	
PART 2 OTHER SI	ofing the use lost.	(c) DITIONS <u>CO</u>	ontributing to [DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b IF YI	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE	NGS USED S OF DEATH?	
PART 2 OTHER SI 190. DATE OF OPER 218. ACCIDENT WAS U	ONIFICANT COND	(c)	DATRIBUTING TO E	OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b IF YI	ES, WERE FIND IFYING CAUSE	NGS USED	
PART 2 OTHER SI	GNIFICANT COND RATION 1: JUNDERLYING 2 CAUSE OF DEATH	(c) DITIONS <u>CC</u> 19b. CONDI 11b. TIME O HOUR A.	ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	NOT RELATED TO THE TERM . N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b IF YI	ES, WERE FIND IFYING CAUSE	NGS USED S OF DEATH?	
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DHMH - 16 60M 7/84 (VRA 15, 4)

ID TUNE AL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in branch be detached for use as the buriol-transit permit. Then please remove carbonpopers, Pages 1 and 2 shadid be filled to be a feel that all be the control of Health and Mental Hygiene prior to buriol, cremation, or removal



y filled in by the funeral director, page, provid be filed within 72 hours after deat 24 hours of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Of Condition of VITAL DIV. Property of Conditions of C completely filled ond 2 ecuted IMPORTANT: If Item 21 is morked or Item 18 spaws ony injury, or other Ite TO FUNERAL DIRECTOR: After this certificate has been signed by thin should be detached for use as the burial-transit permit. Then please removed the State Dept of Health and Mental Hygiene prior to burial, cremover retained by the hospital or attending physician OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND

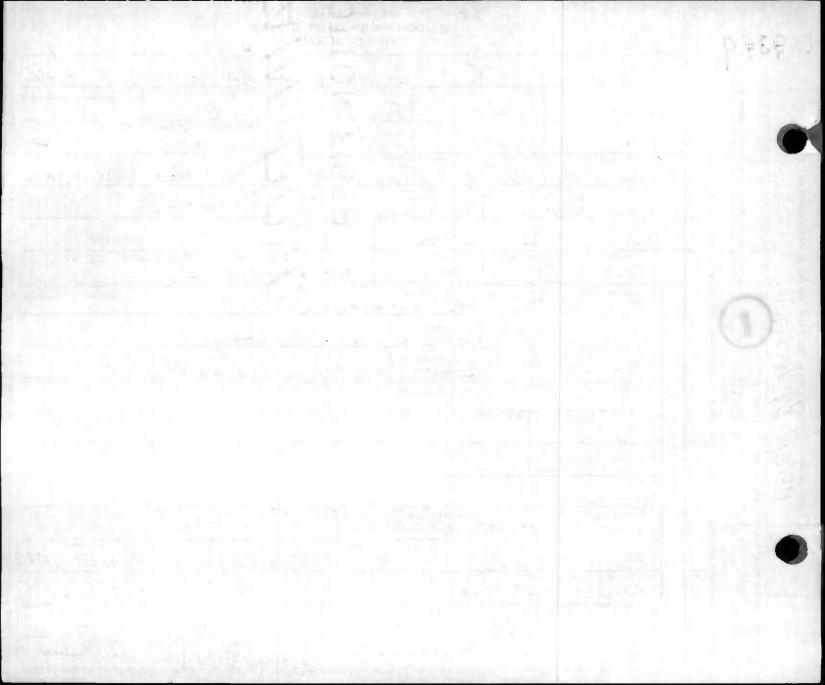
	- STATE REGISTRAR	DEFAR	CERTIFICAT	E OF DEATH	8 / REG. NO. 1	1 2 0 7		
	1. DECEASED NAME FIRST (TYPE OR PRINT) William	MIDDLE	Selva	rai	20 DATE OF DEATH MONTH	1987 8:484m		
	3. SEX male	Indian (5. DATE OF BIR	17-1945	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.		
1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) India	76 CITIZEN OF WHAT COUNTRY USA	MARRIED WIDOWED	MEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNT Montgomery	TY OF DEATH MD.		
1	Takoma Park	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE STRI WOSPINGTON	SING HOME OR OTHER ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION /(TYPE OF WORK FOR MOST OF WORKING Travel Agent	126. KIND OF BUSINESS OR		
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE) 13b COUI		Spring 138. I	NO []	13. STREET ADDRESS / ZIP COI 714 Langley Wa	DE 2-090/		
1	FATHER'S NAME FIRST M.	K. Selvar		NOTHER'S MAIDEN NAM Kezia	MIDDLE	evanesan		
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			Howard^©≝:Belt aj(Brother)	tsville, Md.		
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT of	DUE TO, OR AS A CONSEG	DEPUMON DUENCE OF UES DUENCE OF	ntre citag	Monkythernia moscos cha/a nal disease or condition of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEN IN PART 110		
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WA	SPERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO			
	0. 40	HOUR A.M. MONTH		HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18	9 PART : OR PART 2)		
	CIFETHER NOTIFY MEDICAL EXAMINE WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		LOCATION STREET	CITY OR TOWN	COUNTY STATE		
1	sow the deceosed alive or above (1) Awe) (did) (673 no. 776. SIGNATURE	ital) attended the deceased from 20 19 19 19 19 19 19 19 19 19 19 19 19 19	Pand tho	EE	MEDICAL STAFF DIRECTOR PHYSICIAN	ARRIL 1, 198		
-	230 BURIAL, CREMATION, REMOVAL	123b. DATE 123	c. NAME OF CEMET	ERY OR CREMATORY	CARROLL 1236 LOCATION	The mich.		
-	(SPECIFY) Burial		George Wa		Adelphi	PG Md.		
	24 FUNERAL DIRECTOR				REC'D. BY REGISTRAR 256. REGI			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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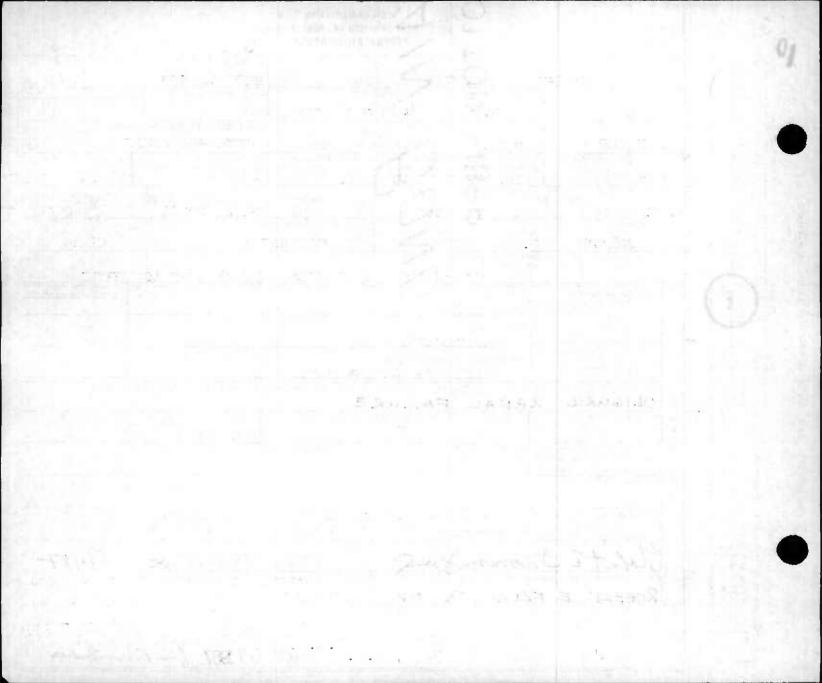
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STATE OF MARYLAND

DEPARTMENT	OF	HEA	LTH	AND	MEN	TAL	HYGIE
CE	RT	IFIC	ATE	OF	DEAT	TH	

053223 NAV	13	FOR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	GIENE		
18		REGISTRAR			ICATE OF DEATH	B / REG. NO.	1 8	98
X		EASED NAME FIRST	WIDDLE		AST	1.07112 01 027111	ONTH DAY YEA	R 26 HOUR
1 45 X		WILLIAM			SENN	APRIL 30, 19		9:40P.M
10	1. SEX		4 RACE	5 DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHD		EAR IF UNDER 24 HRS
1 11 11	1	MALE	WHITE	AUGU	ST 6, 1933	53	YRS	
		RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	U.S.A. WIDOW			MONTGOME RY		MD.
1	В	ETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET A	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			VORKING LIFE) INDUST	ID OF BUSINESS OR TRY ESITE CORF
34 hours	13a S	LESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13t. CITY OR TOW RIDGELEY	admission) N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z RT. 2, BOX		99999
ANARAM POR CONTRACTOR	Jan.	JOSEPH	F. SENN	4	15 MOTHER'S MAIDEN NA. FIRST KATHER	MIDDLE	(CLARK
MORE.	(4	AS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES) 236-48-32		17 INFORMANT SONIA SENN	ADDRESS (WIFE) SAM	E AS PATIE	ENT
PRDS, 201 W. PRESTON ST., BAXT requires that the shorth certificate in signed by the ottending physicio. Then please remove carbonagement is busted, cremarkat, a removal. Inquey, or other troumosts.	NON	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (OLIGURICA)	DUE TO, OR AS A CONSEQUE (b) ASPERGIL DUE TO, OR AS A CONSEQUE (c) WEGNER'S CONDITIONS CONTRIBUTING TO DE RENAL FAI	NCE OF LTUS NCE OF GRAN DEATH BUT	LE		TION GIVEN IN PAR	
N RECO	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAU YES X	
DIVISION OF VITAL RECORDS NG PHYSICIAN The low require r oftending physicion. Wher this certificate has been ing os the buriol-tronsit permit. The th and Mental Hygiene prior to orked or frem 18 shows ony inture	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I		
DIPLOSPITAL OR ATTENDING PROPERTIES BY the hospital or or of IC FULL ERAL DIRECTOR. After though the detached for use as with the state Dept. of Health MADORI ANT. If Hem 21 is mort	(220.1 certify that (I) (this haspi saw the deceased alive an obave, thywe) (did) school IGNATURE 2 3 2d PHYSICIAN'S NAME (TYPE O	FROMM JR M	87 Q	DEGREE ATTENDING PHYSICIAN [22e ADDRESS NATIO ROCKVILLE PI	medical STAFF DIRECTOR PHYSICIA NAL INSTITUT KE, BETHESDA	e and hour and from 22c. D ES OF HEA	ATE SIGNED LTH, 9000
canada	23e 8	URIAL, CREMATION, REMOVAL REMOVAL	100	ARPE	EMETERY OF CREMATORY LLI FUNERAL	CITY OR TOWN	BERLAND	MADYT A TY
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR	5/2/87 SC 421 SERAL HOME ^*WAS	7 97	H ST N WS DAT	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIG	MARYLAND NATURE . Randare



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR OFCEASED NAME 20 DATE OF DEATH EIRST 2b HOUR 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR FUNDER 24 HRS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED A NEVER MARRIED WIDOWED 126 KIND OF BUSINESS OR INDUSTRY 13d INSIDE CITY LIMITS? MIDDLE MIDDLE AUAILABLZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (D) eleer Sc Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 206 IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T NO D 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOMEY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION TITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR saw the deceased alive on_ and that in (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN DRIANT 22e. ADDRESS d b

DHMH - 16 60M 7/84

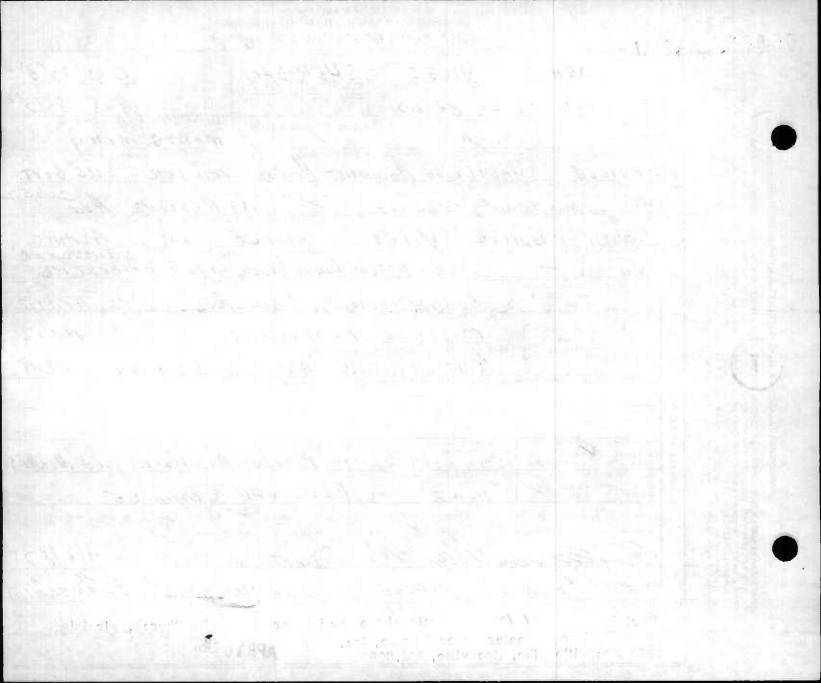
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73r. NAME OF CEMETERY OR

SINDON NOT ADMINISTED yes here to the second to the Frankling in 1895 246 Strawn

ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR P. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) YOUR AV.C. 03 DEAD 102- YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED MONTGOMERY 20 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY U.S. GOVT. FOR MOST OF WORKING LIFE)
PRINTER OULD BE 13g STATE 13b. COUNTY 13d. INSIDE CITY HARTIST 13e STREET ADDRESS MONTG ONE MIDDLE DIVISION APPROXIMATE INTERVAL CARDIOPULMONY BURIAL - TRANSIT Canditions, if any, which gove rise to immediate cause (o) stoting the under CREMATION, lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A FITE PAGE H, WITH THE STATE DEPARTMENT OF HEALTH BAUTMORE, MARKLAND, 21 201 PPIOR TO BURIAL, CREM CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO P 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED AT WORK AT WHILE 220. I certify that I took charge of the remains described above, held are Undetermined monner TITLE (SPECIFY EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 3/5/87 National Memor ial Park Falls Church, Virginia 07/84 74 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25M **DHMH - 17** 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN Franklin SHUMAKER, /Jr. Jacob (TYPE OR PRINT) OF DEATH MATED 3 SEX RACE DATE OF BIRTH AGE (IN YEARS DATE PRONOUNCE 9. BALTIMORE CHY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Virginia IY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Building Sub-Contractor 13b. COUNTY 13e STREET ADDRESS 30. STATE 13c CITY OR TOWN 15928 Batson Rd. 20868 Montgomery Spencerville NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mundy Tessie Franklin Shumaker, Sr. Jacob 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy E. Shumaker. Item 13 WW 2 217-01-5414 DIVIS Yes 18 CAUSE OF DEATH (Enter only one cause per line for (p) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUN CATE. WRITING THE WORD. "FENDING". IN PERCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DAND, 21201 PHORE. TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 214 INJURY OCCURRED II LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
AFFER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Natural causes death resulted from Accident Hamicide Undetermined manner ACTUAL MEDICAL EXAMINER EXAMINER'S NAME 1919 Seminary Rd., Silver Spring, Md. John S. Rogers, M.D. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Apr.10,1987 Burtonsville, Montgomery, Md. Union Burial 07/B4 BP 24 FUNERAL DIRECTOR **DHMH - 17** Tiridon Pandalls

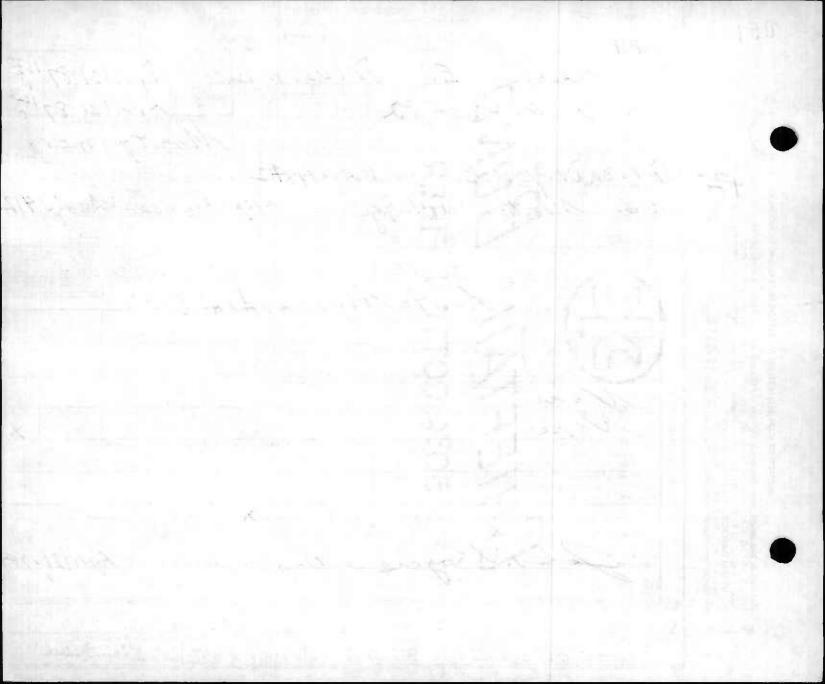
Olin L. Molesworth, P.A., Damascus, Md.

(VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRARY 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR DAY LAST BIRTHDAY) MONTHS RONOUNCED DEAD BALTIMORE CITY MARRIED XX NEVER MARRIED U.S.A. New York WIDOWED [DIVORCED 120. USUAL OCCUPATION (TYPE OF FORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salesman (Retired) Hospital USUAL RESIDENCE 13a STATE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLI Henry Silverman Rachel Marks 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rockville, Md. 20853 (YES, NO. OR UNKNOWN) NO 133-26-8979 Ruth Baskin; Daughter; 13907 Castaway Drive; 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TRANSIT PERMIT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) EDED TO THE CHIEF AS A BI EDEPARTMENT OF HEATH A EDEPARTMENT OF HEATH A CERTIFICATION **QPERATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ... 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inspection X 22e. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Notural causes death resulted from: Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 4/24/87 Lee Crematory Cremation Washington, D.C. 07/84 BP DANZANSKY-GODI DBERG MEMORIAL CHAPELS
1170 Rockville Pike; Rockville, Md. 20852 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



					CTAT	E OF MARYLAND					
1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	EALTH AND MENTAL H ICATE OF DEATH	YGIENE	/ REG. N	0.1		
	CEASED NAME	DEnae		J.		Simms	20 DA	TE OF DEATH	MONTH 4	5 87	3:30 PM
3. SE	MALE	1. RA	BLACK		7	28 54 28 54	3		YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
N	RTHPLACE (STATE OF COUNTRY) // Ashington	, D.C.	USA	HAT COUNTRY?	MARRIE	D DIVORCED [5 44	0 100	nery		MD.
Si	ETTER JOYN STAF	ing 1	Plus IN SUCH	ROSS TREET	ADDRESS)	tal	LITYPE O	UAL OCCUPAT FWORK FOR MOST EF ASST	OF WORKING		Govt.
M	aryland	Montgor	1	ilver Sp.	N	13d. Inside City Limits? Yes 🌁 NO 🗌		EET ADDRESS 8 East-	ZIP COD West	Highway	,ss, Ma
		d J. Sir	mms	LAST		15. MOTHER'S MAIDEN			towe	LA	ST .
	NAS DECEASED EVEI YES, NO OR UNKNOWN) NO	R IN U.S. ARMED (IF YES, GIVE WAR	OR DATES)	66 SOCIAL SECU 216-64-4		Annie S. Si	mms/l	ADDR 828 Eas		t Hgwy,	SS, Md.
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only on WAS CAUSED BY: IMMEDIATE CA		ne lar tal, (b), and	-	arrect				APFRO) BETWEEN	(MATE INTERVAL ONSET AND DEATH
	Canditians, if any gave rise to im cause (a), stati underlying caus	y, which imediate ing the e last.	(b)	AS A CONSEQUE	NCE OF	y Failur spreumon	ra41	Pneum	othor	av ·	
FICATION	HTLV	111 Pos	itive	, Acu	tike	NOT RELATED TO THE TE	nre	SEASE OR CON	20b. IF YE	VEN IN PART 1: S, WERE FIND! IFYING CAUSES	NGS USED
E		NITI					VCC			es C	

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death. 4-5and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3301 NEWMEXICO AVE NW

BP.

should be detached

MPORTANT: #

as the burial-transit permit.

MEDICAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

etained by the haspital FUNERAL DIRECTOR:

> Burral 24 FUNERAL DIRECTOR Marshall's Funeral Home 4217 9th St NW: Washington, D.C.

23a BURIAL, CREMATION, REMOVAL

23b. DATE

4-8-87

23c NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cem. 23d LOCATION Suitland

STATE Md.

WASHINGTON DC

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

O 1987 Julia Derider Randas

GALLERY AND THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page by the haspital or attending physician.

BP.

DHMH -16 50M 4/82 (VRA 15.4)

4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	:10	FOR STATE REGISTRAR	DEPARTI		FICATE OF DEATH	IENE 7 REG. NO.	I o n	4		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
		DONA			MMS	72101		3:47, }		
	3. SEX Male		White	5. DATE OF BIRTH OCT. 15, DAY 943 SEASON STATE OF BIRTHD 43		43	IF UNDER I YEAR	HOURS MIN.		
SV	7a. B	IRTHPLACE (STATE ORFOREIGN	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOW		9. BALTIMORE CITY OR CO Montgomer		OF DEATH MD		
25		Rockville	11. NAME OF HOSPITAL, NURSING STREET Shady Grove Ad	ventis	or other institution st Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Manager	ms Data			
80	130 USU	Texas	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NEY DAILS	e admission) VN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	7958 Fall Meadow -75		297		
Samuel S			Derwood Simn		Hazel	MIDDLE I.	Harve	Harvey		
3		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) UF YES G! YES VIET	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 360-34-		Linda J. Sim	ms (wife) same				
and the second			nly one couse per line for (a) (b), on ED BY: ITE CAUSE (a) Brain	nd ste	un infarction	si	APPROXIM BETWEEN OF	MATE INTERVAL INSET AND DEATH		
ijury, ar ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART I (o			
2	TIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
9	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)			
rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARMLETC	214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
Z1 is mo		saw the deceased alive or	of view, the body after death.	4125 50	nd that in (my) our) opinion	death accurred on the date an	d hour and fram the c	hat (I) (ve) last couses stated		
# # # # # # # # # # # # # # # # # # #		226. SIGNATIA	yours	K	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [221. DATE S 4/2 7	SIGNED P		
MPOKIAN	H	22d. PHYSICIAN'S NAME (TYPE	ORPRINT) OND BASS		220. ADDRESS 3941 F	Ferrara lu	theorton 1	nd		
≥	23a.	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	5/1/87 I	Restla	nd Cemetery	Dallas, Te	xas COUNTY	STATE		
82	24. F	1331 Rockville I	on Wheeler Funer Pike, Rockville, Ma	al Hor arylan	me, Inc. 25a. DA	E RECOLLEY REGISTRAR 756. R	EGISTRAR'S SIGNATL	JRE		

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TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death retained by the hospital ar attending physician.

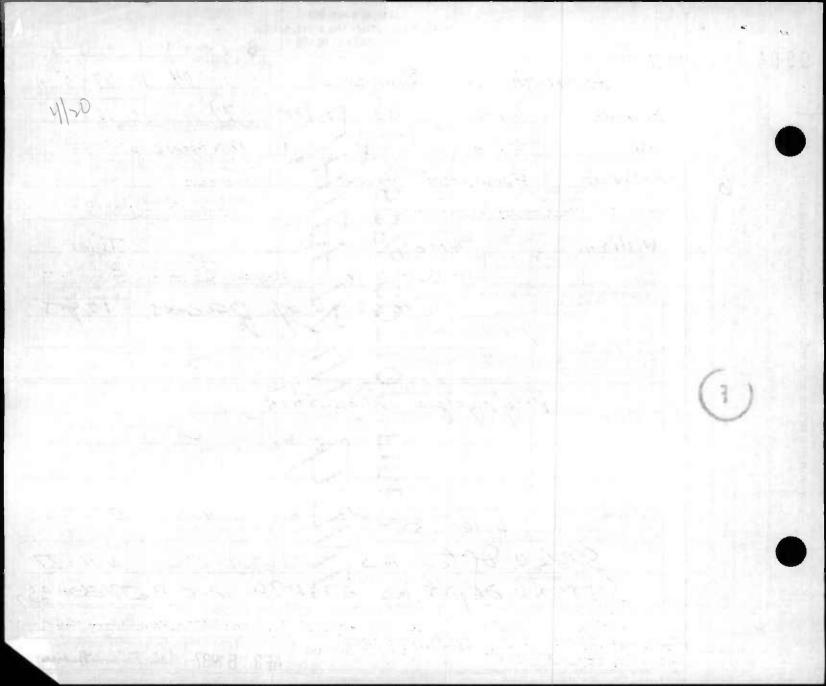
STATE OF MARYLAND

DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENI
CE	RTI	IFIC/	ATE	OF	DEATH	

,	FOR		DEPARTMENT O	F HEALTH AND MENTAL HYC	GIENE			
1 -	STATE REGISTRAR		CER	TIFICATE OF DEATH	8 7 REG. NO. 1	1000		
DEC	EASED NAME FIRE	ST.	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR.		
TYPE	ÖR PRINT)	1 11	01		011	11 97 840		
	E/12	abeth	L. 2/1	npson	07	11 81 0 AW		
3. SE)		4 RACE		TE ØF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	WUNDER I YEAR IF UNDER 24 HRS		
	Female.	Whi.	te_ 0	3 26 1900	87 YRS	The state of the s		
	RTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY? 8		9. BALTIMORE CITY OR COUNT	Y OF DEATH		
C	OUNTRY)	IInited	0.4.	RIED NEVER MARRIED	maker	~ County MD		
10.00	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOM	WED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
10 01	O WILL A		CH FACILITY, GIVE STREET ADDRESS	E OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING			
	seth esder	Feri	nwood H	ouse	Homemaker .	Own Home		
USU / 130. S	L RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	\r_		
		ntgomery	Chevy Chase	YES X NO	2 Fairfax Cour			
	THER'S NAME	nicgomery	Tonevy Chase	15. MOTHER'S MAIDEN NA		. 1 20013		
	FIRST	MIDDLE	A LAST	FIRST	WIDDLE	LAST		
	William		Dhores	Margaret		luler		
	AS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURITY NO	D. 17 INFORMANT	7501 Radr	or Pond		
	No	ES, OTTE THAN ON DATES	577-44-7948	James S. Si	mpson Rethesda.	Maryland 20817		
		tor anly and source and	r line for (o), (b), ond _e (c).)		200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DE ATH WAS C	AUSED BY:	Time for to 1, (o), oragic.	17120 M	000000	BETWEEN ONSET AND DEATH		
	IMM	EDIATE CAUSE (0)	Coli	4404401	president !	1273		
		DUE TO, O	R AS A CONSEQUENCE OF					
	Conditions, if ony, whi							
	gove rise to immedia couse (a), stating t		R AS A CONSEQUENCE OF					
	underlying couse lo	st.	R AS A CONSECUENCE OF					
	PART 2 OTHER SIGNIER	ANT CONDITIONS C	ONTRIBUTING TO DEATH E	HIT NOT BELATED TO THE TERA	AINAL DISEASE OR CONDITION G	D/SNI INI DADT 1		
z	TAKI Z OTNEK SIGIVING	01-1.	. 11	Plan T	MINAL DISEASE OR CONDITION G	IVEN IN PART TIO		
CERTIFICATION	190 DATE OF OPERATION THE CONDITION		The state of the s	Merman C	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
<u>v</u>	190 DATE OF OPERATION	I'M YOND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	1FYING CAUSES OF DEATH?		
E				11	YES NO YES NO			
Ü	210 ACCIDENT WAS UNDERLYIN	110110		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
AL	OR CONTRIBUTING CAUSE	OF DEATH		9				
MEDICAL	214 INJURY OCCURRED		OF INJURY	211 LOCATION				
ME	WHILE TO NOT WHILE T		REET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE		
	AT WORK AT WORK							
	220 I certify that (I) (this	1.	10	DEC 19.61		, 19, that (1: (we) lost		
	sow the deceased oli above, (I) (we) (did) (c	ve on	otter death	, and that in (my) (our) opinion	deoth occurred on the date and ha	our and Iram the couses stated		
	22b. SIGNATURE	/	Vice decini	DEGREE		22c. DATE SIGNED		
	Ste	alo W Y	HT- 1	ATTENDING	MEDICAL STAFF	11-11- 87		
	274 PHYSICIAN'S NAME	THE COLUMN	1.00	7. PHYSICIAN [DIRECTOR PHYSICIAN	141.01		
	THE PHISICIAN STRAME	Markini)	at and a	THE ADDRESS	760. 12-5 0	771.7722 2.1		
	DIEAL	KNW.	E/IEX, M.L	5 0 /19 W10	SON CITALE, 13.	E HELDY JOKI		
	URIAL, CREMATION, REM	DVAL 236. DATE	23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	- 67		
	SPECIFY) Burial	Apr. 1	5.1987 Parkla	wn Memorial Pk	. Rockville Mor	ntgomery,Maryland		
94 EL		Prr A. Pum	phrey Puneral	Home/ Iss. Dec	TE REC'D. BY REGISTRAR 256. REGIS			
Bet	nesday Chevy	Chase Inc	phrey Funeral 755 January Wiscon	isin Avenue	TE REC U. BY REGISTRAN ZSB. REGIS	- 1 AA A		
-		2017		A	DD 4 E 100 / 1 / (Devideon-Randas		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this ishould be detoched for use as the build with the State Dept. of Health and Minim IMPORTANT: If Hem 21 is morked or III



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE (

MARRIED NE

15. MOTI

17. INFO

Nina

Jan ,10,

and that in

DEGREE MO

WIDOWED

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Hyattsville

Sireni

166 SOCIAL SECURITY NO.

espirator

Stroke

PRINAVU

OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PE

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

578-10-3910

DUE TO, OR AS A CONSEQUENCE OF

WASHINGTON ADVENTIST

CATE OF DEATH	8 / REG. NO.	1 1	4 (6	
ST	20 DATE OF DEATH MO	ONTH DAY	YEAR	2b HOUR	T
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BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UN	DER 1 YEAR	IF UNDER 24 HR	
DAY YEAR	711	MONTE	S DATS	HOURS MIN	
-21-12	/7	YRS			
NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF E	DEATH		
DIVORCED [Montgome	אנע			10
OTHER INSTITUTION	120 USUAL OCCUPATION		b. KIND OF	BUSINESSO	R
- HOSPITAL	Tailor			Campaga	
HUSFIINL	TUXXUIL	· HT	ecns.	Compan	y
13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z			00702	
15. MOTHER'S MAIDEN NA	1 N N N N N N N N N N N N N N N N N N N	enue.		20783	_
FIRST	WIDDLE		LAST		
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Arrest			BETWEEN	MATE INTERVAL MSET AND DEATH	
heart disease	e				
OT RELATED TO THE TERM	INAL DISEASE OR CONDI	ION GIVEN IN	PART 1 a		
WAS PERFORMED		Ob IF YES, WE			
		N CERTIFYING	CAUSES		
01 110111111111111111111111111111111111	YES NO	YES _		NO 🗌	_
21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART I C	OR PART 2)		
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that in (my) (our) opinion of	, , , ,			hot (I) (we) la auses stated	51
EGREE			22c DATE S	IGNED	-
ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA		4/1	187	
22e ADDRESS					mage

lid be deta The Shahe (CRETANT FOR

REGISTRAR DECEASED NAME

. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

HRTHUR

4. RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136 COUNTY 138. CITY OR TOWN

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL

71b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

4/10/87

Georges

STATE

(TYPE OR PRINT)

m

COUNTRY Italy

AKOMA

Maryland

No

FATHER'S NAME

FIRST Attilio

In: WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause last.

90 DATE OF OPERATION

21d INJURY OCCURRED

AT WIDEK

22b. SIGNATURE

MARK

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

3 SEX

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

University Block W, Wheaton, MD 20902

Burial 24 FUNERAL DIRECTOR Francis J. Collins ODRE Jr.

LI

220 I certify that (I) (this hospital) attended the peceased fram

saw the deceased alive on 4/10/87 above, (I) (we) (did) (did not) view the body after death

Apr. 14. 1987 Gate of Heaven Cometery Silver Spring Montgoms J. Collins, press Jr.

APR 15 1987 Julia Deriden 500 University Blvd., W. Silver Spring, Md

Julia Dividion Parlace

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Tricket Realist Company				
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	5.32	A Charles	W. Butti was a	ASINE MAR

4/20

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8
LAST	20.

4 1.7		FOR STATE REGISTRAR		DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE	REG. NO.	190	7
poge 3		EASED NAME FIRST DAVIL		J.		NICK	20 DATE OF	pril 25,	1987	7:40 PM
3/	3. SEX	Male	4. RACE Wh	ite	S. DATE OF	BIRTH 2 5 AY 19 1 2	6. AGE (IN)	EARS LAST BIRTHDAY)	MONTHS DAYS	F UNDER 24 HRS
76	C	ETHPLACE (STATE OR FOREIGN DUNTRY), Poland Y OR TOWN OF DEATH	и		MARRIED WIDOWED		Mona 120. USUAL	RECITY OR COUNTY COMETY CO CCUPATION KEOR MOST OF WORKING	ounty 126. KIND C	MD. OF BUSINESS OR
1 B5	13a. S	Maryland Mona	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV SILVER	Spring	3d INSIDE CITY LIMITS?	13e STREET 1131		US GO	overnment 20902 evard, W.
pedicology		Charles AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (# YES, GN	MED FORCES?	Sitnick 166. SOCIAL SECU 577-10-		Rose 7 INFORMANT Alan A. S	itnich	ADDRESS LOU	Bassi urel, Ma	ryland
ned by the attendaring populations in the control of the control o		18. CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (D BY: TE CAUSE TO) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEOU	ence of	CONFLICTED TO THE TER			41/2	MATE INTERVAL ONSET AND DEATH MENTES
Lental Len 1	MEDICAL CERTIFICATION	DATE OF OPERATION OCTUBER 20 1996 210. ACCIDENT WAS UNDERVING OR CONTRIBUTING CAUSE OF DE-	19b COND AUTHUR 21b. TIME C HOUR A		OPERATION MALCE AY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCUI	200 AUTO	DPSY? ZOB. IF Y	YES, WERE FINDING CAUSES	NGS USED
thed for use as the Jept. af Health and Hem 21 is marked a	MEC	WHILE NOT WHILE ALWORK	(AT HOME ST	ne deceased from	rarm, ETC)	that in (my) (aux) opinion		d on the date and h	27c. DATE	
should be detained in MPORTANT: If	23a R	22d PHYSICIAN'S NAME LIVE CO AARON H. Tra	um, M.	D.		PHYSICIANY 120 ADDRESS 8915 Georgia METERY OR CREMATORY		e, Silver		
	(:	Burial	4/28/			id Memorial	CITY	Falls (Church,	Virginia

DHMH - 16 50M 4/83 (VRA 15, 4)

Memorial Funeral Home W., Washington, D. C.

Dente d'Actostein Hebrew 232 Carroll Street, N.

King David Memorial Garden Falls Cruce,

King David Memorial Garden Falls Cruce,

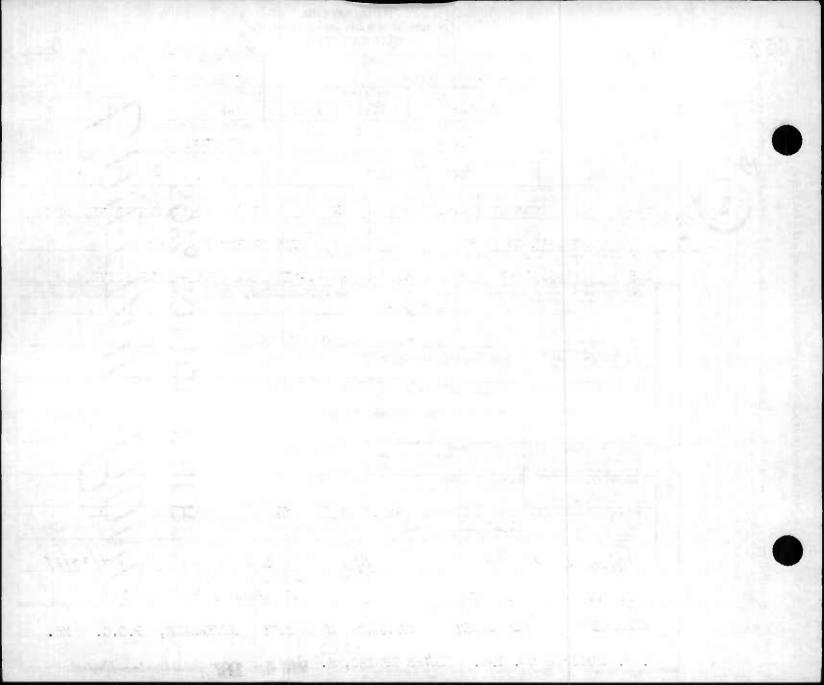
APR 2 9 1987 Julia Scindon. Falls Church, Virginia

Julia Dividson Pendage

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3 1012	FOR STATE REGISTRAR	DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	9 0 8	
	DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P	
		DAVID LAWRENCE S		APRIL 21 1987	8:30 ^	
(TYPE OR PRÍNT) 3. SEX MALE		4. RACE CAUCASIAN	OCTOBER 6 1937	6. AGE (IN YEARS LAST BIRTHDAY) 49 YRS	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
23	BIRTHPLACE (STATE OR FOR OKLAHOMA	76 CITIZEN OF WHAT COU	AAADDIED X NEVED AAADDIED		r OF DEATH	
BETHESDA		H 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF NAVA)	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) L HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U. S. NAVY DEFENS		
M	ARYLAND	G HOME OR OTHER INSTITUTION, GIVE RESIDEN 3B. COUNTY 13c. CITY C MONTGOMERY GAITH	HERSBURG 13d. INSIDE CITY LIMITS	142 GOLD KETTLE		
753	ATHER'S NAME FIRST RAY WAS DECEASED EVER IN	BALLARD SMITH	AST 15. MOTHER'S MAIDEN FIRST AVIS	S IVERNA STEPHENS ADDRESS	IAST	
a e di		(IF YES, GIVE WAR OR DATES) 1955-1987 456-	-58-5751 MARY K.SMIT	CH.142 GOLD KETTLE	DRIVE.	
or to buriot, cremotion, or removor, y injury, or other troumotic event, if	Conditions, if any, vigore rise to imme couse (a), storing underlying couse PART 2 OTHER SIGNII	DUE TO, OR AS A COI which diate the lost (c) FICANT CONDITIONS CONTRIBUTION	DENOCARCINOMA OF THE NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition giv		
shows only	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🙀 NO 🗌	
le m	00.00	USE OF DEATH HOUR A.M. MON LEXAMINER) P.M.	TH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)	
morkedor	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LAT HOME STREET FACTORY	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE	
em 21 is	saw the deceased	his hospital) oftended the deceased olive an APRTI, 21 d) (did not) view the body after death	19.87 and that in (my) (aur) apin DEGREE	APRIL 21 on death occurred an the date and have MEDICAL STAFF DIRECTOR PHYSICIAN	ur and fram the causes stated 22c. DATE SIGNED	
APORTANT: #	226. PHYSICIAN'S NAME. P.FOX	AE (TYPE OR PRINT) , LT, MC, USNR	120 ADDRESS NAV	AL HOSPITAL HESDA, MD 20814-50	11	

SILVER SPRING Ma.



- STATE REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND HYGIENE

EPAKI	MENT	10	HEAL	H	AND	MENTAL	
	CE	RTI	FIC	ATE	OF	DEATH	

Smith

5. DATE OF BIRTH

8 / REG. NO.	1	0) 9	
20. DATE OF DEATH MONTH	DAY	YEAR 187	2b. HOL	IR/S
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
94	MON1H5	DAYS	HOURS	MIN

(TYPE OR PRIME Ethel Pennsulvania

4 RACE

K.

MARRIED WIDOWED, X.

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

9 BALTIMORE CITY OR COUNTY OF DEATH Salosnorsan

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:

13c. CITY OR TOWN Rockville

LAST

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Mariu

13e.STREET ADDRESS / ZIP CODE 14709 Janice Drive MIDDLE LAST

Maruland 4 FATHER'S NAME FIRST James

Kelly 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b. SOCIAL SECURITY NO. 180-22-5637

17. INFORMANT SON-in-law William Grant

ADDRESS same as

IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause

190 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY

IN CERTIFYING CAUSES OF DEATH?

O'Hagen

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2

COUNTY STATE

AT WORK NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | 220.1 certify that (I) (this hospital) ottended the deceased from

21e. PLACE OF INJURY

and that it imy lear-opinion death occurred on the date and have and fram the causes stated

CITY OF TOWN

saw the deceased alive an 4-18-9 abave, (I) (we) (did) (did not) view the body after death

211. LOCATION

STREET

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL

St. Eulalia Cemetery

Coudersport

DHMH - 16 60M 7/84 (VRA 15, 4)

DRIANT

0

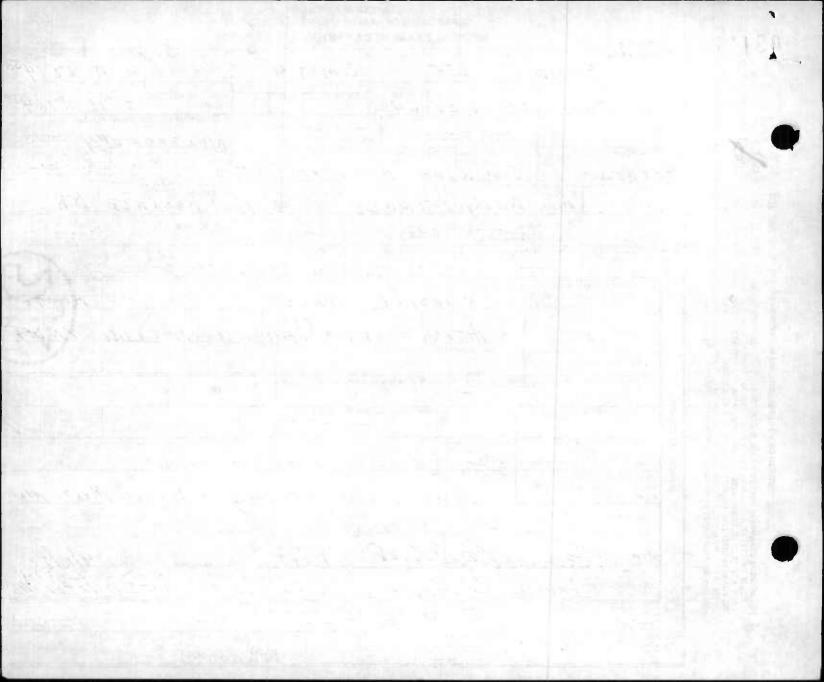
CERTIFICATION

Burial

Francis J. Collins Jr. 500 University Blud. W., Silver Spring.

STATE OF MARYLAND

-		11.	FOR STATE			DEPARTMENT C	OF HEALTH A	ND MENTAL	HYGIENE				
05	1270	6.00	REGISTRAR		ME	DICAL EXAM	INER'S CE	RTIFICATE (OF DEATH	REG. NO	Lo	10	
A			CEASED MAM!			MIDDLE	LAS	ST	To DA		MONIHE	DAY YEAD	26 HOUR
	RECTOR. JR FILES. 2 HOURS 4 STREET,			PLOYE		LEE		MITH		TH MATED	4 1	18 1957	09 M
	STATE	3. SE.	(4 RACE	S. DATE OF BIRTH	YEAR LAST BIR	1 1110111110	DAYS HOURS	MIN PRONO	ATE DUNCED	MONTH	DAY YEAR	2d HOUR
	ESSARY, ERAL DIR OR YOU!	-	Male	CAUC	05 06		YRS.			TIMORE CITY O	7	18 198 /	04-11
	S & S E S C	FC	RTHPLACE (5'	TATE OR	United		MARRIED		RIED 🔲	IIMORE CITY O	* COUNTY		de e e
4	750		ansas	OF DEATH		SPITAL NURSING HO	WIDOWED		II2a. USUAL OC	CHPATION ITYES	OF WORK I	26 KIND OF BU	INTY
1	DELTARS TO THE EN PAGE S, 201 W	DA			(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRE	(55)			WORKING LIFE)	OI II OILL	or INDUSTR	SA
	3 TO 8 BE 10 SS.	USU	AL RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADA	HOSP1	ITT	LITOL	Zip:			THES
.2120	AND 3 AND 3 AND 3 AND 3 AND 3	130.5	MD	MOR	TY.	Y POTO 161	AC 13	YES NO NO	13e STREET AD	KOND		RD	
WD	H-X2	14. F.	ATHER'S NAME		MIDDLE	Smith	15	S. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
ORE	A 88 4 4 5 C	1	Hugh	D EVER IN U.S. ARA	Russell	166 SOCIAL SECU	IDITY NO. 17	Edna		ADDRESS		Lucas	
TIM	FOR POR	100.	ES, NO, OR UNKNO	(IF YES, GIVE								110	
BAL	IRS AFTER ATTER WITH FOR PAGES DIVISION	-	Yes		VII	1512-14-1	The second second second	irs. Hele	n H. Sm1	th, Same	as 1		
ST.	D 0 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		PART I DE	ATH WAS CAUSED	y one couse per line BY:	e for (o), (b), ond (c).)		RNOST	_			BETWEEN ONSET	AND DEATH
ON	Ser Ser Nation	1	Hart St. Park	IMMEDIAT	E CAUSE (o)	CARDIA RAS A CONSEQUEN		111621		9		7100	10
RES	R A A BIT IN			ns, if any, which	1	DIERIA SC	10000	A. (An)	MALLARE	11.40 /), costs	IN	NEC
W.	MINITA NITA NITA NITA NITA NITA NITA NITA		couse (a)	se to immediate stating the <u>under-</u>	DUE TO, OF	R AS A CONSEQUEN	CE OF	O Opinio	TO MA C C	VIT Y	736706	1	007
201	EXA P		lying cou	use lost.	(c)								
SOS,	"PENDING" IF F MEDICAL ES ED AS A BURIL HEALTH AND IL, CREMATION	1	PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OF	R CONDITION GIVEN IN P	ART 1 to .				
00	A S A A LTH	NO NO											
N K	SED ALL	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	19b. COND	ITION FOR WHICH O	PERATION WAS	PERFORMED?				20 AUTOPSY?	
VIE		1 1										YES 🗆	NO A
PO	THE WOR THE CHOOLD BE USEN ON TO BUT		UNDERLYING	CAUSEWAS OR	HOUR A.A	A. MONTH DAY Y	EAR	V INJURY OCCURR	ED LENTER NATURE C	F INJURY IN ITEM 18 P	ART 1 OR PART	2)	
NOIS	OF THE STATE OF TH	S A	CONTRIBUTION CONTR	NG CAUSE OF D	DEATH OF PLACE	R. 09 16 19.	87 COL	LMSEB	ONI	-600r			
DIVISION	STIN SCEDED	MEG	WHILE	NOT WHILE		OF INJURY (AT HOME	STRE		спуо	NWO]	COUP	The same	STATE
	WARD WARD PAGE STATE		AT WORK	AT WORK		HOME	1980	INENI	ALB N	D 1010-14	AC/	MONT.	110
	A POR SATE		220 I certi	fy that I took charg	e of the remains de	scribed above, held a	n Autopsy	. Inspection	on Inqu	iry . on	d in my opin	nion	
	EXAMINER: CERTIFICATION BE FOR DIRECTOR: (, WITH THE MARYLAND		death result	ed from: Notus	ebeauses .	Agcident ,	Suicide,	Homicide	Undetermined	monner,			
	MAR WAR	100	ACTUAL	7	1/1/1	1////	20	TIPLE (SPECIFY)			DATE	4/101	/.
	EDICAL E JNERAL PERMINERAL		SIGNATURE	Y	er con l	7.00	M.D.	1)61-1	MEDICALE	AMINER	SIGNED	11/0/	>14
	ところに 百万人	2	EXAMINER'S (TYPE OR PRI	NAME FRAM	us C	MAYLE	5AD	DICE 33	Wiscons		Bet	HE-SON	MB
	PAG PAG	23a. B	SPECIFY)	TION, REMOVAL 2	Apri	1 Potoma	CEMETERY OR C	REMATORY Methodi etery	ST CITY OR TOWN	N	COUNT		ATE
7/84 5M	BP	24.5	Burial UNERAL DIRECT		21, 1987	Chu	rch Ceme	etery	Poton	ac	TDARCE		yland
	DHMH - 17	Ro	ckville	kobert Inc. 3	oo w. Mor	rey Funer	venue	DATE	REC'D. BY REGIS	187	OIKAK S SK	T. Panda	es.
	(VR A15 ME (5))			R	ockville.	Maryland	20850	A	11661	100	*		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

	-	
- 1	NE	1
- 4	45	
-		
1	1	-
- 6		

id in by the funeral director, page 3 does filed within 72 hours ofter death

ARR DI ESTATE

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIE
CEI	DT	ELCATE	OF	DEATH	

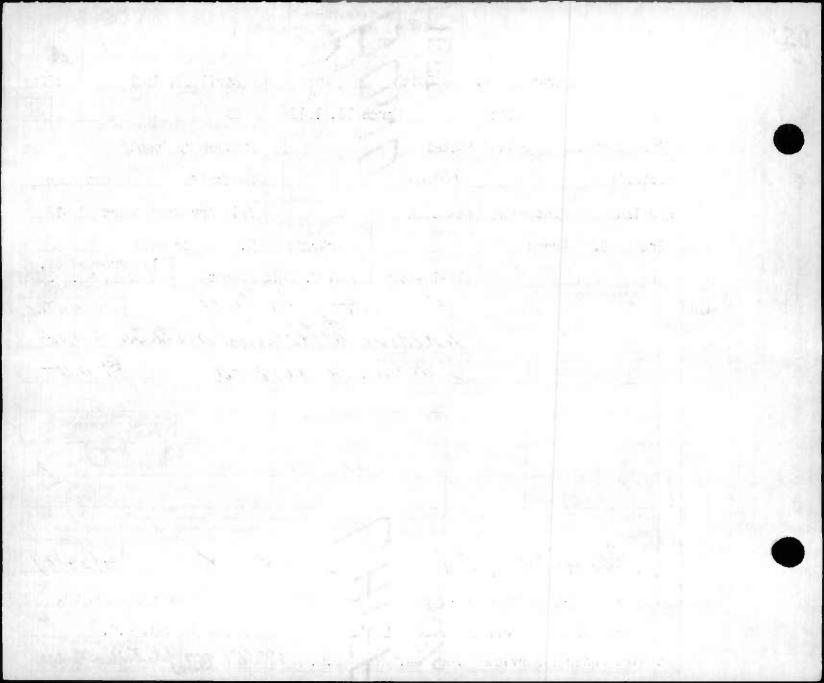
REGISTRAR		CERTI	FICATE OF DEATH	8 / REG. N	0110	1 1
DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	AR 25 HOUR
(IYPE OR PRINT)	ertrude E	Smith		April 2	4. 1987	9:45am
SEX	4 RACE	5. DATE	OF BIRTH	6. AGE LIN YEARS LAST BI	RTHDAY) IF UNDER 1	
Female	Black	Mar		68	YRS.	AYS HOURS MIN.
BIRTHPLACE (STATE OR F		WHAT COUNTRY2 8	ED M NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
Massachuset	ts United	States WIDOV		Montgomer	y County	MD.
CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		ND OF BUSINESS OR
Bethesda	(11 7401 114 30	Home		Housewife		wn Home
	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	113e STREET ADDRESS		
Maryland	Montgomery	Bethesda	YES NO		wood Court	20817
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
Fred D.	Brown		Gertrude	М. В	rennan	_
WAS DECEASED EVER	N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	7713 Arro	wood Ct.
No		012-18-4336	Joel C. Smi	th/Spouse	Bethesda.	Md. 2081
18 CAUSE OF DEATH	Enter only one couse pe	r line for (ol,) ond (c).)	1	70	BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PART I. DEATH W	MMEDIATE CAUSE (0)	Jusqu.	ratory pa	un	1	1 mules
underlying couse	lost (c)	OR AS A CONSEQUENCE OF	IT NOT RELATED TO THE TERM	ima	9	mes
	IIPICANI CONDITIONS C	ONTRIBUTING TO DEATH BO	IT NOT KELATED TO THE TERM	MINAL DISEASE OR CO	ADITION GIVEN IN FAR	KI IIO
190 DATE OF OPERAT	10H 196 CONE	OITION FOR WHICH OPERATI	ON WAS PERFORMED	70a AUTOPSY?	20h. IF YES, WERE FI IN CERTIFYING CAU YES []	
210. ACCIDENT WAS UND	1100110 4	OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INS	URY IN HEM 18 PART TORPAR	11 2)
OR CONTRIBUTING C	AUSE OF DEATH	.M. MONTH DAT TEA				
OR CONTRIBUTING CO	(AT HOME, S	OF INJURY (REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN COUNT	Y STATE
220 I certify that (I)	(this hospitol) ottended t	he deceased from	, 19	, to		, that (I) (we) lost
sow the decease	d olive on	after death.	and that in (my) (our) opinion	death occurred on the o	date and hour and from	n the couses stated
124 SIGNAPHIE	200	100	DEGREE	1 1		ATE SIGNED
114114	aveleur	Med	ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	124/87
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	4	77e. ADDRESS			
Richard	P. Delaney,	M.D.	4323 Havard	Street, Si	lver Spring	g, Md. 209
BE BURIAL, CREMATION,			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Cremati	on April	25, 1987	ee's	Washir		STATE
FUNERAL DIRECTOR			75a. DA1	E REC'D. BY REGISTRAL	251 REGISTRAR'S SIC	NATURE
McGuire Fune	eral Service	7400 Ga. A	ve D.C. Al	K Z 7 1987	Julia Davidso	n-Mandelle

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending as should be detoched for use as the buriol-transit permit. Then please remove carbane with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar item.

injury, ar ather troumoter

IMPORTANT: If Hem 21 is morked or



ST	A	TE	OF	MA	RY	LA	ND	

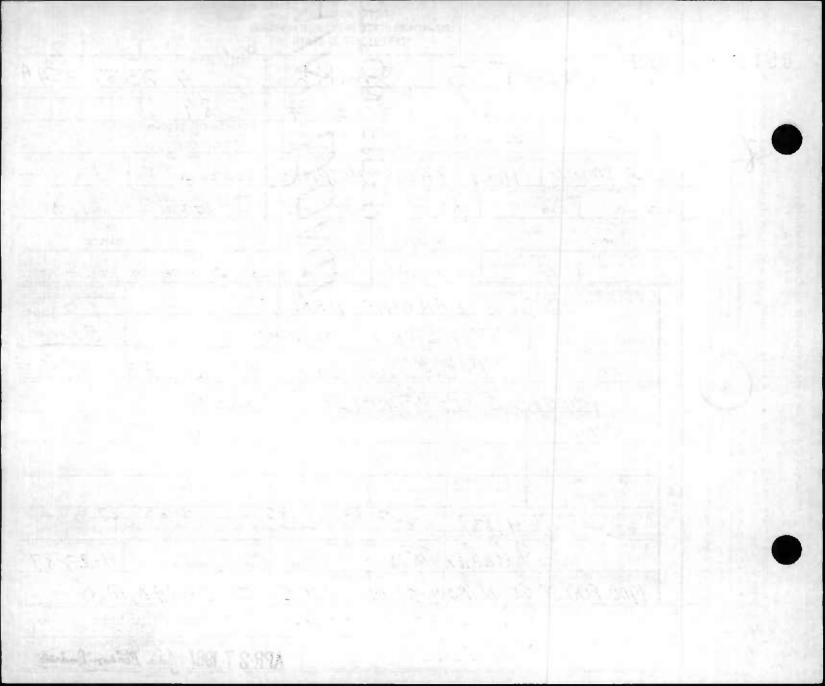
١	1	FOR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE				
	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. NO. 1	1 0	1 0		
ı		LEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOU	IR	
1	(1VPE)	OR PRINT	er	B	C	mith	4	23 87	3:5	21 A	
ı	3. SEX	11012	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS	
ı		M	1	^/	MONTH		89	MONTHS DATS	HOURS	MIN.	
	Zn BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	R		9 BALTIMORE CITY OR COL	INTY OF DEATH			
	Ñ	New York	United	d States	WIDOWE	A 200	Montgomery	7		MD.	
	S/2	LVER SPRING		HOSPITAL, NURSIN THE FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	(TYPE OF WORK FOR MOST OF WORK Draftsman				
100	13a. S	AL RESIDENCE (IF NURSING NOME OF TATE 134 COU	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hamburg	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 0 3580 Sowles	CODE Road	19/14	075	
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA					
1	5	Neuma	WIDDLE	Smit	h	Susa	n	Zeihei	C		
		VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS				
	NC		VE WAR OR DATES)	118 05 1	384	Laurel Mea	ney 13811 Cas			-	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	line for (o), (b), one	N/A	C ARRES	T	BETWEEN	ONSET AND	DEATH	
١		IMMEDIA	TE CAUSE (a)	R AS A CONSEQUE	NCE OF	0	E TROTTAL		-1		
1		Conditions, if ony, which	((b)_	HEA	FRT	- BLOCK		5	hou	us	
1		gave rise to immediate cause (a), stating the	DUE TO, O	RASA CONSEQUE	NCE OF		:1510- NICE	-02-111	2000. 1	1	
		underlying couse lost	(c)	TRIERI	050	LEROTIC.	HEART DISE	AJE /ND	EFIN	1176	
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POSS I BLE PERFORATED ULCER									
	AT	190 DATE OF OPERATION	April 1000	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND			
	CERTIFICATION	NONE					YES NO NO	CERTIFYING CAUSES YES	S OF DEAT		
-		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)		116	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		М.	19						
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC 1	21f. LOCATION STREET	CITY OR TOWN	COUNTY	5	STATE	
ı	<	AT WORK NOT WHILE									
		220.1 certify that (1) (this hosp sow the deceased alive or	4-2	3 19	07	nd that in (my) (see) opinion	$\frac{7}{1}$, to $\frac{4-2}{1}$	d have and from the	that (I) (a		
		above, (M (we) (did) (dudo) 276. SIGNATURE	O D	A Th	0.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	E SIGNED	-	
	51	Jule.	1 Ca	uan m	N	PHYSICIAN 1	DIRECTOR PHYSICIAN	17-	13-6	5/	
			ORPRINT)	1 0000		27e ADDRESS		al Ma			
		1900 PUKESI	ULEN	ROAD S			I. CAHA	111/11/1).		
		URIAL, CREMATION, REMOVAL	Apr. 2	5.1987 T		de Cemetery	23d LOCATION CHAMBURG.	Newwyork		TATE	

74 FUNERAL DIRECTOIVES-Pearson Funeral Homes
Arlington, Va. 22201

APR 2 7 1987 Julia Deritor Rodel

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is morked or hem 18 shows or y



FOR STATE REGISTRAR	•		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE REG. NO.	1 9	1 3	
1. DECEASED NAM	NE FIRST		MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	thleen	().	Sm	ith	4	2 198	7 12:40P	
3. SEX		4. RACE		S. DATE		6 / GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE		
Fema	le	White		MONT	eb. 24, 1914	73 YR	MONTHS DA	TS HOURS MIN.	
7s. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN			
COUNTRY) NY		U.S.	A.	WIDOW		Montgomery		100	
10 CITY OR TOWN	OF DEATH		H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker		D OF BUSINESS OR	
USUAL RESIDENCE 130 STATE MD	13h COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Silver	N	13d. INSIDE CITY LIMITS? YES TO O	13e STREET ADDRESS / ZIP CO	DDE Park C	2906 ourt	
14 FATHER'S NAM Thom		arold	Orser		15. MOTHER'S MAIDEN NA Ruth		Wo	îře	
160 WAS DECEASE (YES, NO OR UNKN		RMED FORCES?	089-07-8		Robert V. St	ADDRESS	em # 13		
PART I. D Conditions, gove rise	if any, which	DUE TO, O	line for sal, (b), and Reproper, RAS A CONSEQUE Sy emil	NCE OF	l Henorety e huay lyten		BETWE BL	OXIMATE INTERVAL EN ONSET AND DEATH	
underlying PARL 2 OTH	couse (o), storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, PROPERTY TO THE TERMINAL DISEASE								
NO NEW DATE OF	OPERATION		TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. 1F	YES, WERE FIN	DINGS USED SES OF DEATH?	

YES NO 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

saw the deceased alive an above, (I) (we) (did) (did nos) view the bady after death. DEGREE 22c. DATE SIGNED mo ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

23e BURIAL, CREMATION, REMOVAL 236. DATE

Crematory

4/3/87 Mt. Comfort 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 130 WI Ave. NW Wash., DC 20016

Cremation

Alexandria, VA 250 APRCD BROSSAR 254 REGISTAGE COSCOSATION AND RESISTAGE COSCOSATION

STATE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ene priar ta burio

and Mental Hygi

or Item

IMPORTANT: If Item 21 is

MEDICAL

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Townsion without it follow months to the

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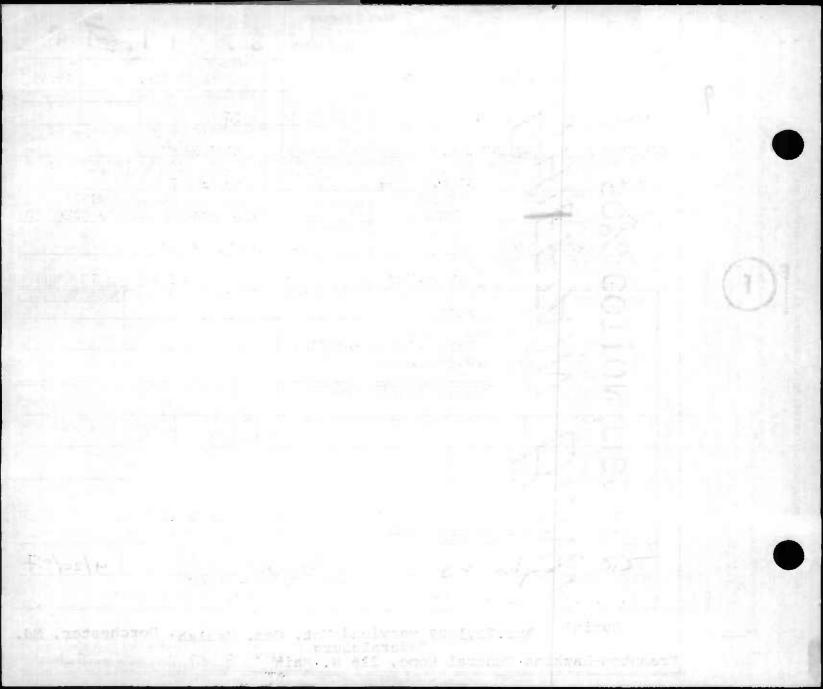
тоу be

1				STAT	E OF MARYLAND				
1	FOR STATE Item 13b, 1	EilmG631	,9-1-87,LJC	T OF E	FICATE OF DEATH	ENE / REG. N	1 1 9	1	4
	PECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR P
1	MA	RGARET C	AROLINE SMI	TH		APRIL 1	7 1987		10:45 M
3. S	EX	4. RACE	5	DATE		6 AGE IN YEARS LAST BE	RTHDAY) IF UNDER		F UNDER 24 HRS
1	FEMALE	CAUCAS	IAN A		JST 29 1911	75	YRS.		Maria Maria
70.	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	AARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DE	ATH	
	CALIFORNIA			IDOW		MONTGOM			MD.
1	BETHESDA		HOSPITAL, NURSING HE FACILITY, GIVE, STREET ADDR	ESS)		120 USUAL OCCUPAT LEMPE OF WORK FOR MOST (HOUSEWI)	OF WORKING LIFE) IND	KIND OF 8 USTRY	BUSINESS OR
-05 13e	UAL RESIDENCE HE NURSING HOME OF	NTY O'uren	VE RESIDENCE BEFORE ADM	ISSION)		13e.STREET ADDRESS		2161	7
M	ARYLAND KE	Anne Anne	DOMINION		YES NO	EAST DOMIN		LE CR	EEK RD
19	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST	
4		ECHENBE			i moi	RET L. DEN	NIS	(ASI	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT	ADDR	ESS		14111
-	NO	Tre Train On Davies,	561-03-872	23	GEORGE H.SMITH	H, EAST, DOI	MINION-LI	TTLE	CREEK RI
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	SEPSIS	1	DOMINION, K	ENT ISLAND	,MD 21617	APPROXIMA ETWEEN ONS	SET AND DEATH
	IMMEDIA	ATE CAUSE (0)							
	Conditions, if any, which	DUE TO, O	R AS A CONSEQUENCE ENDOMETRIA		CARCTNOMA				
	gove rise to immediate couse (0), stating the	(b)			DANGINGIA				
	underlying couse last.	DUE 10, O	R AS A CONSEQUENC	E OF					
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEAT	ГН BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN P	ART Ita	
CERTIFICATION	19a DATE OF OPERATION	TIAL COND	ITION FOR WHICH OPE	DATIO	WAS DEDECORASED	200 AUTOPSY?	Table VEC WEDE	ENIDING	C.11055
5	198 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATIO	IN WAS PERFORMED		206. IF YES, WERE IN CERTIFYING C	AUSES OF	F DEATH?
- 2	710. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN ILIPY		21c HOW INJURY OCCURRE	YESX NO	YES X		NO [
		HOUR A.	M. MONTH DAY	YEAR	THE HOW WAJORT OCCORRE	ED (ENTER NATURE OF INJU	INTIN ITEM IS KART LORT	PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. PLACE	M.	19	211 LOCATION				
ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FARM,	ETC)	STREET	CITY OR TO	OWN COL	UNTY	STATE
	22a.1 certify that (1) (this has				LL 6 , 19 <u>87</u>	_, to _APRIL	17 19 8	, 1110	ot (I) (we) last
	saw the deceased alive a above, (1) (we) (did) (did n	n <u>APRT</u> ot) view the body	ofter death.	, 0	nd that in (my) (our) apinion de	eath accurred on the d	ate and haur and fr	om the cau	uses stated
	27b. SIGNATURE				DEGREE	MEDICAL STA		DATESIC	GNED
1	1616	my lan	w		PHYSICIAN X	DIRECTOR PHYSIC	CIAN	4/2	0/6+
١,	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS NAVA	L HOSPITAL			
	R. R. TAYLO	R, LT, M	C, USN		BETH.	ESDA, MD 20	0814-5011		
23a.	BURIAL, CREMATION, REMOVA	L 236. DATE	23c NAM	E OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	ſY	STATE
	Burlar	Apr. 2	2,1987 Ma:	ryl	and Vet. Cer	m. Beulah	, Dorch		r. Md.
	FUNERAL DIRECTOR		Fed	ara	1 chura 250. DATE	REC'D. 8Y REGISTRAR	256 REGISTRAR'S S	IGNATUR	E
E.1	ramptom-Hawki	ns Fune	eral Home	, 2	16 N. MaiMA	1 0 8 1987	Julia David	esn. Kan	ndalfo

- 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event,



	STATE OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	1 0	1	fa
REG. NO.	1 7	3	

	30	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG	IENE 8 7 REG. NO.	191	5
	(TYPE	CEASED NAME OR PRINTI	FIRST	Ŧ	MIDDLE	Sm	ith	20. DATE OF DEATH MONTH	26 87	108 4
	3. SEX	MALE	1	au CO	Isian	S. DATE C	10 6°4		MONTHS DAYS	HOURS MIN
2	7a. BIF	RTHPLACE I STATE OR F	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	P BALTIMORE CITY OR COL	UNTY OF DEATH	
)	Vi	rginia		US.	A	WIDOWE		Montgon	rery	MD.
	< C	JUDIP SOF	P:VA		HOSPITAL, NU		OR OTHER INSTITUTION	THE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY	F BUSINESS OR
-	USUA	AL RESIDENCE HENURS	ING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	0301100	Floor Manager		kel Store
5	Mo			(TOWN		13e STREET ADDRESS / ZIP		1850
1		THER'S NAME	Mont.		S.S.		YES NO 1	3902 Bel Pre	Koad & (100
		FIRST		DDIE	(ASI		FIRST	WIDDIE	LAS'	1
4	- TT - T	James VAS DECEASED EVER	R.	ED EODOES 2	Smith	SECURITY NO.	Katherine	ADDRESS	Holcomb	1
		Yes		VAR OR DATES		7 6056		h (Wife) Same	as 13E	
1		18 CAUSE OF DEAT		ane cause per			^	P . O		MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH W	AS CAUSED	BY:	0 a w . D	es hon.	Pun many	tailure.	BCIWEENC	JASET AND DEATH
			IMMEDIATE				1		0	
		Canditions, if any,	which	DUE TO, O	as a gons	EQUENCE OF	. Lucy U	wara du	ol	
		gave rise ta imn cause (a), statin	nediate	(0)			W. O A			
		underlying cause		(c) C	leuli	EOUENCE OF	andial de	ruage		
	NOI	PART 2 OTHER SIGN	MIFICANTO	HOLDINONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	3
1	CERTIFICATION	190 DATE OF OPERAT	TION	IAB CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES	
1	CER	21a. ACCIDENT WAS UND		216 TIME O		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
1	IA!	OR CONTRIBUTING C		P.		DAT TEAK				
1	MEDICAL	214 INJURY OCCUR		21e. PLACE			211 LOCATION	CITY OR TOW	COUNTY	STATE
ı	2	WHILE NOT WH	RK	(AI HOME, SIE	REET, FACTORY, OF	FICE, FARM, ETC)	Sirect	/	200000	JANE
		22a.1 certify that (I)	(this haspital) attended th	e deceased fr	om_2/1	1987	_, to 4/26	1987	that (II (we) last
		saw the decease abave, (I) (we) (c	ed alive on	4/26	after death	1987 , or	nd that in (my) (aur) apinian o	death accurred an the date and	d haur and fram the	causes stated
1		22b. SIGNATURE	1/	The oddy	errer deam.		DEGREE		276 DAFE	SIGNYO
		JUSYK	MY, r	Thho	W	My	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 4/2	7/87
	3	226 PHYSICIANONA		9.		-	22e ADDRESS		1	/
		Joseph	n Sol	inas M	ID .		9801 Ga.Ave	e.S.S.Md.		
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	- (3	SPECIFY Burial		4/29/8	7	GAte of	Heaven	S.S.	Mont.	Md.

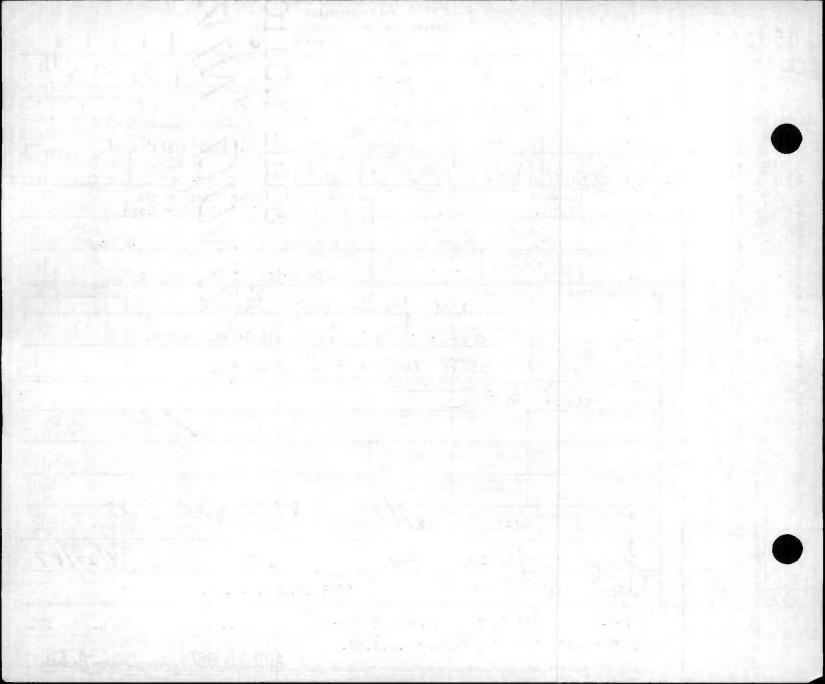
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERALDIR KINAIdi 11800 New Hamp, Ave.S.S.Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 2 8 1987

Tiondon Pa



	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
	-	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. NO. 1 9 1 6				
12		OR PRINT) KEN	VET.	Drumheller SNY			Y DER	ST PER 20. DATE OF DEATH			HOUR M	
1	1 MALE					5. DATE (DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS			UNDER 24 HRS DURS MIN.	
2		RTHPLACE (STATE OR F				MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD.			MD.	
6	10. CI	TY OR TOWN OF DEA	TH UG-/	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (HE) INDUSTRY CTRONICS Mechanid Fed. Gov't.				
70	13g S	aryland	Prin		GIVE RESIDENCE BEFORE BY CITY OR TOWN Hyattsvi		134. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS A	ZIP CODE est Rd.	207 , Apt.		
4	17	oyd FIRST		MIDDLE Snyder		15. MOTHER'S MAIDEN NAM Beulah			umheller			
2	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) es	RMED FORCES? 166 SOCIAL SECURITY NO. ME WAR OR DATES) 578-38-3274			Mrs. Frances G. Snyder, Same as Line 13						
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	line for 101, (b), one	Photographic Company of the Company	2 e 5 P. 200 5	ery cello	N2	BETWEEN ONSE	T AND DEATH	
		Canditians, if any,	which		AS A CONSEQUE	/	(92 chan	of lung		6 no		
		gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c)										
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1	CERTIFICATION	198. DATE OF OPERAT	ION	1%. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF I		
1		21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) P.M. 19										
	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE C			211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		22a.l certify that (1) sow the decease obove, (1) (we).(d	d alive on	4(1	9 19 8	5 %	nd that in (my) (aur) apinion o	deoth occurred on the de	ote and have a	nd fram the cous	(I) (we) lost	
		22b. SIGNATURE	Land No	Trew me body	STILL GEOM.		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAI		22c. DATE SIGN	NED)-87	
1		22d. PHYSICIAN'S NA			= .1 .81		22e ADDRESS	Cons	1 >-		9 7	

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If hem 21 is marked or hem 18 spaws any injury, or other traumatic event, the medical ex

230 BURIAL, CREMATION, REMOVAL Cremation

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Cremation 4-11-87 Metropolitan Crematory Alexandria, Virginia

FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 256. DATE REC'D, BY REGISTRAR 256. REG

18-01-4 10 TO 160 0 1 85A requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. erol director, page 3

STATE OF MARYLAND

FOR STATE REGISTRAR			EALTH AND MENTAL HYG	BIENE 7 REG. NO	0.1 9	17			
1. DECEASED NAME FIL	RST	MIDDLE L	AST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR			
	rman	Ste	ern		4-17-8	7 1150 Aam			
3. SEX	4. RACE	S. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE				
Male	Cauca	sian Aug	. 30,1912 YEAR	74	YRS	TO THE PARTY OF TH			
76. BIRTHPLACE (STATE OR FOREM COUNTRY) Washington,	D.C. USA	WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	MD.			
Rockville	SHADY	HOSPITAL, NURSING HOME CONFECULTY, GIVE STREET ADDRESS)	or other institution offist Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O POLICE		oof Business or RY pitol Polic			
USUAL RESIDENCE (IF NURSING F 13a STATE 13b Maryland	HOME OR OTHER INSTITUTION COUNTY Montgomer	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? SYES NO A	13e.STREET ADDRESS / 18700 Wa	/ ZIP CODE alker's Cho:	20879 ice Rd.			
14 FATHER'S NAME MOSES	WIDDLE	Stern	15. MOTHER'S MAIDEN NA FIRST Rebecca	MIDDLE	Monro	LAST D e			
(YES, NO OR JUNKNOWN) (IF	J.S. ARMED FORCES? EYES GIVE WAR OF DATES) WW II	166 SOCIAL SECURITY NO. 578 03 0670	Wife: Lilli	ADDRE an Stern sa		as #13			
Conditions, if ony, wh gove rise to immedicouse (0), stating underlying couse to	Underlying couse lost. (c) PART 2 OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to								
190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERPORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES				
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE: 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (1)	E OF DEATH XAMINER) P. 21e. PLACE (AT HOME, STI XXXXXXXI ATTENDED THE BOOK (STOTAGE) VIEW the Book	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) deceased from 19 ofter death, 19 or	216. HOW INJURY OCCUR 216. LOCATION STREET 22. 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	CITY OR TO	The state of the s	51ATE			
23g BURIAL, CREMATION, REM BARRING L		9,1987 Ring D	EMETERY OR CREMATORY avid Mem. Pk.	23d LOCATION Palits	Church; Tai	irfax,Va.			
24 FUNERAL DIRECTOTVES	-Pearson F	uneral Homes	25a. DA1	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN				

DHMH - 16 60M 7/84 (VRA 15, 4)

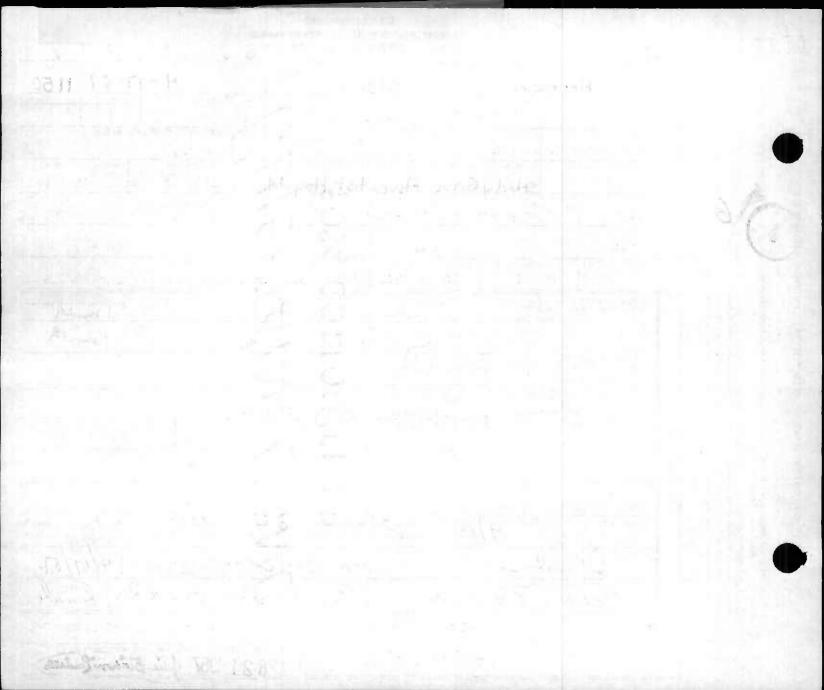
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked at Item 18 than 19 miury, or other traumatic event, the medical

MPORTANT: If Item 21 is morked of

va. 22046

Julia Daridor Condall



STATE OF MARYIAND

	JIM	IF OI	241	HILL	MIND	
EPARTMEN	TOF	HEAL	HT.	AND	MENTAL	HYGIE
CI	ERTI	FICA	ATE	OF	DEATH	

1 -	STATE REGISTRAR			DEFARIA	CERTIF	ICATE OF DEATH	8 / REG. N	0.	4	8	
	CEASED NAME	FIRST		MIDDLE	t	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A	
		MONT	E GREG	ORY STEVE	NS		APRIL 26 1	987		9:00 A	
3. SE	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
-	MALE		CAUCAS		OCTOBER 6 1948		38	YRS.		MIN.	
	RTHPLACE (STATE OR F	OREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH		
	ARYLAND	1	UNITE	D STATES	WIDOWE		MONTGOMERY			MD.	
10 C	ITY OR TOWN OF DEA	TH 1	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	OF BUSINESS OR	
	BETHESDA		(4 7.07 11.30	NAVAL HO		L	U. S. NA			ENSE	
	AL RESIDENCE (IF NURSI	ING HOME OR O		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7ID CODE	9	16,000	
	RGINIA	PRINC		WOODBRI		YES NO NO	3471 AVIA		2	2192.	
_	ATHER'S NAME				201	15. MOTHER'S MAIDEN NA	ME	412			
3	MONE]		ETT NE	EDHAM		HELEN YVONNE DUNCAN			LAST		
16a \	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI				
,	YES, NO OR UNKNOWN)		WAR OR DATES) 3-1987	262-88-	0222	MARIA T.STEV	TNC 2/71 AV	TADV IJ	AV LIOO	DRDIDCE	
_				<u> </u>		VA 22192	ENS, 54/1 AV	IANI WA	APPROXI	MATE INTERVAL	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY:				ACE		BETWEEN	ONSET AND DEATH	
	IMMEDIATE CAUSE (D) PROGRESSIVE HODGKIN'S DISEASE										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gove rise to immediate										
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF										
	(c)										
N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1109										
ATK	198 DATE OF OPERATION 196. CONDITION FOR WHI				OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO YES NO PARTY.			NGS USED	
CERTIFICATION										OF DEATH?	
ERI	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY					21c. HOW INJURY OCCURE	78.		T OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY										
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY			19	211. LOCATION						
ME	WHILE NOT WHILE TO			ARM ETC)				COUNTY	STATE		
	AT WORK AT WOR		15 1.1.1	1.0	APRIL	, 15 10 87	to APRIL	26 10	87	1 11 1 1 1 1	
	220. I certify that (I) saw the decease		ATIT		0.7	nd that in (my) (our) apinion of		, , ,		that (II (we) last	
	obove, (I) (we) (d	did) (did not	view the bod	y ofter death		DEGREE	ocom occurred on the d	210 0110 11001 0	22c DATE		
	Man	226 SIGNATURE Pirlah					MEDICAL STA		27	- Arex87	
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			220 ADDRESS NAVAL HOSPITAL					
M. PIERDINOCK, LCDR, MC, USN BETHESDA, MD 2							ESDA, MD 20	1814-50	11		

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

retained by the haspital or attending physician

TO HOSPITAL OR

23a BURIAL, CREMATION, REMOVAL
SPECIFY)
BURIAL,
24 FUNERAL DIRECTOR 4/29/87

236 DATE

23c. NAME OF CEMETERY OR CREMATORY ARLINGTON

BETHESDA, MD 20814-5011
ATORY
ONAT.

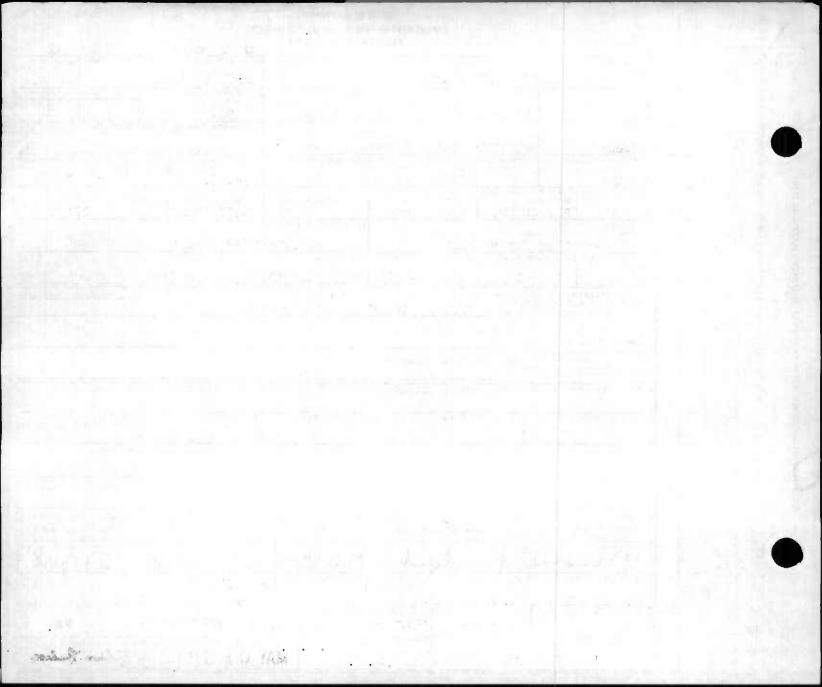
RETINGTON

VA . STATE

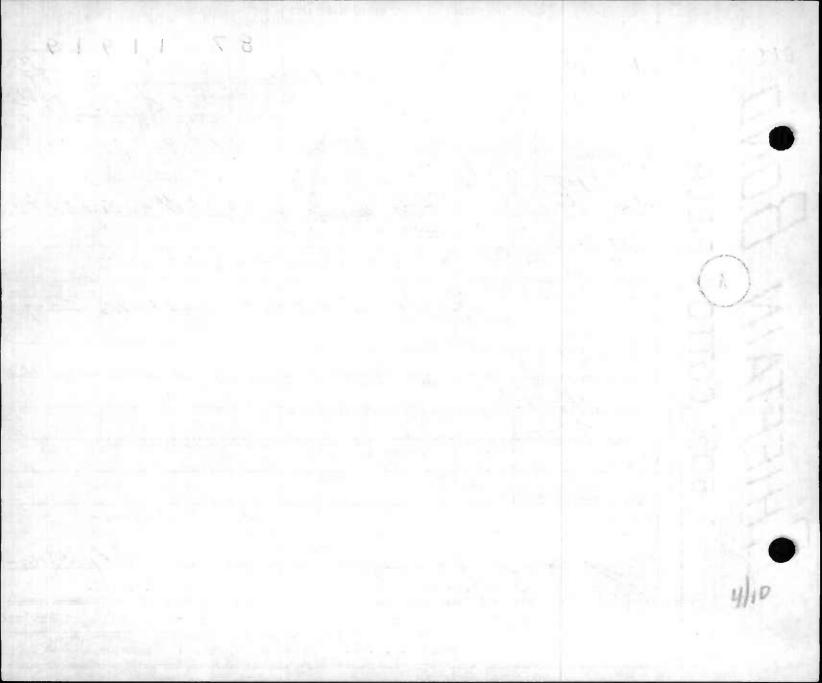
4217 9TH WASH, D.C.

MARSHALL'S FUNERAL HOME

ST. N. W. DATE REC'D. BY REGISTRAR'S SIGNATURE
MAY 0 1 1987 Aira Darian



		I.	FOR		STATE DEPARTMENT OF HE	OF MARYLAND	HYGIENE		
0.1		1-	STATE REGISTRAR	M	EDICAL EXAMINE		OF CEATH RELA	10.1	10
045	森皇韓嘉世 号 VI		CEASED NAME	Eunice	WIDDLE	PL: 110=	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	YEAR 76 HOUR
	ARY, PLE TOUR FILL N 77 HOU TON STREET	1.5E	F	MONTH DAY	1290 PRS.	MONTHS DAYS HOURS	R 24 HRS 2t. DATE PRONOUNCED DEAD	pril-3	19 PN
•	Han a series	11	BITHPLACE (WATION DESCRIPTION OF THE PROPERTY	USA		MARRIED NEVER MAR VIDOWED DIVOR	CED [Non	8000	DEATH MD
	PAGE PAGE PILED	13	TY DE TOWN OF DE	DA TO	OSPITAL, NURSING HOME, C	or other institution	FOR MOST OF WORKING LIFE) Dept. of Agric	OR	ND OF BUSINESS RINDUSTRY
. 21201	AND S COULD	1	Me.	13 ME CONTROL OF CONTR	13c. CITY OF TOWN	13d INSIDE CITY LIMITS? YES NO		ns Rige	27834.
ORE, MD	ON PARTY	1	Ward B.	MIDDLE	Cogswell	15. MOTHER'S MAIL	MIDDLE	Baco	'n
SALTIMO		l a	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N 578 58 5947		tilson(Son) Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD	BE EXECUTED WITHIN 24 DING". IN PENCIL IN THE BENCIL EXAMINER ALOR SA BURIAL : TRANSITY AND MENTAL HYGING REMAYION, OR REMOVA	NO	Conditions, if a gove rise to couse (a) storing lying couse lost. PART 2 OTHER SIGNIFICAN	any, which immediate the under DUE TO, C	OR AS A CONSEQUENCE OF	. DISEASE OR CONDITION GIVEN IN F	PART 1 to	Cm,	s drys
F VITAL REC	ATE SHOULD BE WORD "PEN THE CHIEF MI USED A WENT OF HEAD OF HE	ERTIFICATION	194 DATE OF ETERA	1/one	OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18	Y	UTOPSY?
DIVISION	HIS CERTIFICATI WRITING THE V VARDED TO THE AGE 3 SHOULD ATE DEPARTME	MEDICAL	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT	CAUSE OF DEATH P.	M. MONTH DAY YEAR	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
•	MEDICAL EXAMINER: 1 ECUTE THE CERTIFICATE, GR 4 SHOULD BE FORM GR 5 SHOULD BE FORM FUNERAL DIRECTOR: P TER DEATH, WITH THE ST THWORE, MARYLAND, 2		220. I certify that death resulted from ACTUAL SKINATURE EXAMINER'S NAME INTO OR PRINT	I tack charge of the remains d Notural causes Dr. John S	Accident , Suicid	M.D. Dep	undetermined monner MEDICAL EXAMINER 919 Seminary Rd	DATE SIGNED.	13/989
07/84 25M	BP	1	urial, cremation, r Burial	EMOVAL 236 DATE 4/6/87	23c NAME OF CEMET Cedar Hi	11	23d LOCATION Suitland	PGNTY	Marylan
23M	DHMH - 17 (VR A15 ME (5))		uneral director Himes/Rinal	ldi 11800 New	Hamp.Ave.S.S.	Md. 250. DATE	REC'D. BY REGISTBAR 250 REG		odall.



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME FIRST MIDDLE 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Sean Alexander Stone April 4. RACE DATE OF BIRTH IF UNDER LYEAR MONTH Male White 1987 April 22. TE BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland WIDOWED Montgomery LA-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Shady Grove Adventist USUAL RESIDENCE (IF NURSING COME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
1117 CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Maryland Gaithersburg YES X Montgomer NO [10000 Wedge Way 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kevin Wayne Stone Linda Doreen Horvat 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT N/A N/A Linda Stone: See 13 a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. Prematurity IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION N/A 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY ATOICA EXAMINER) N/A 71d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) N/A 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 77b SIGNATUR DEGREE 77c DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 770 ADDRES\$3012 Middlebrook Road 20874 Alan Gerber, MD Germantown, MD 23a BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial April/25/87 Holly Memorial Gardens Pleasant Grove, Ohio 24 FUNERAL DIRECTOR

W. Chambers Co., Inc. Silver Spring, Maryland A

DHMH - 16 60M 7/84 (VRA 15, 4)

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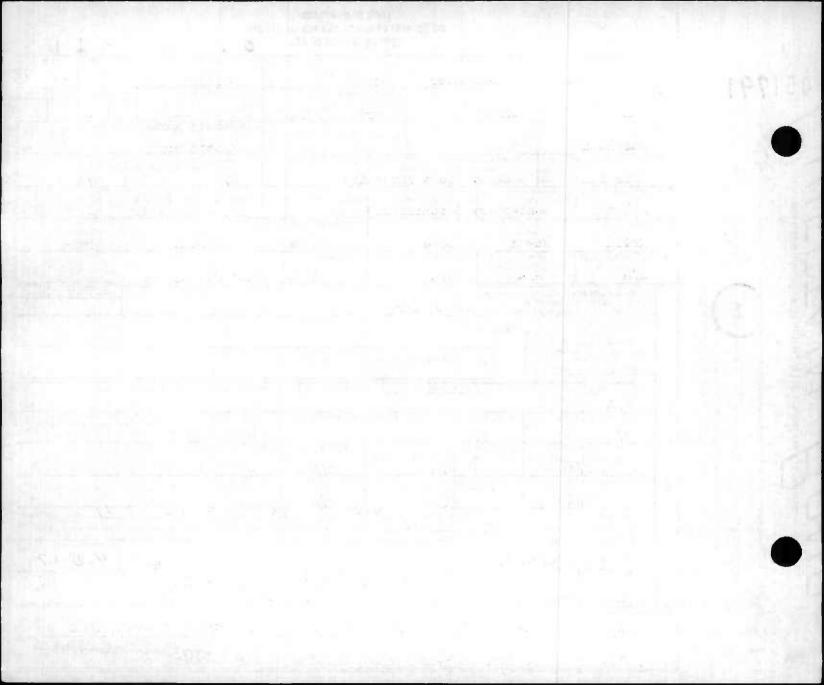
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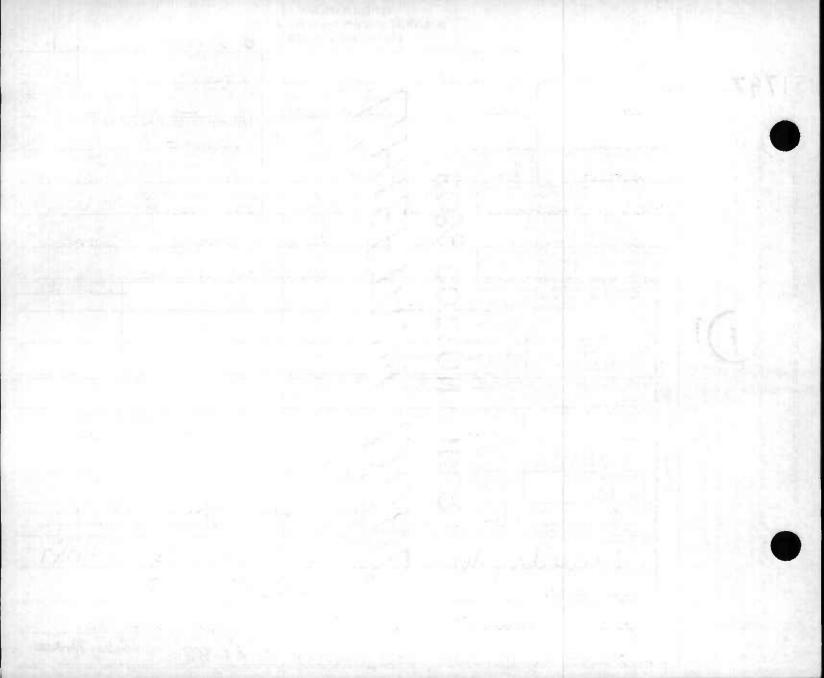
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	1	500					OF MARYLAND					
	1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAI	L HYGIENE R	/ REG. N		9 ')
		CEASED NAME	FIRST		MIDDLE	l	AST	20. [DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
APR 29	(TYP	E OR PRINT)	Shane	C	regory	S+	one		April 22	. 1987		5:46 AN
and the second	3VSE	х		4. RACE	ICROIV	5. DATE C			GE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
-5)	5	Male		White		MONTH					ONTHS DAYS	HOURS MIN
- m	7a. 8	IRTHPLACE (STATE C	IR FOREIGN		WHAT COUNTRY?	Apri		9 B	ALTIMORE CITY O	P YRS	OF DEATH	1 1 11
-	m	COUNTRY)					NEVER MARRIED) K		_		
- CO	10 C	Maryland	EATH	N/A	HOSPITAL, NURSIN	WIDOWE	D DIVORCED OR OTHER INSTITUTION		Montgome USUAL OCCUPAT		12h KIND C	MD. OF BUSINESS OR
85		D 1		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			E OF WORK FOR MOST	OF WORKING LIFE		
2	USU	Rockville		Shady OTHER INSTITUTION	Grove AC	ADMISSION)	st		N/A	•	N/A	1
3		AL RESIDENCE (IF NU	1.6.				134 INSIDE CITY LIMIT		STREET ADDRESS		20	760
		laryland ATHER'S NAME	Mont	gomery	Gaither	sburg	YES NO L		0000 Wed	ge Way		
43		FIRST		MIDDLF	LAST		FIRST		MIDDLE		LAS	ST
<u> </u>	1/	Kevin		yne	Stone		Linda		Doreen		Hory	rat
medico		YES, NO OR UNKNOWN)		E WAR OR DATES)	16b. SOCIAL SECU	IRIIY NO.	17 INFORMANT		ADDR	255		
the m		N/A	N/	A	N/A		Linda	Ston	e; See 1	3 a-e		MATE INTERVAL ONSET AND DEATH
e prior to buriol,	CERTIFICATION	N/A	GNIFICANT C	196 COND	ITION FOR WHICH		NOT RELATED TO THE		DISEASE OR CON	20b. IF YES,	WERE FINDING CAUSES	NGS USED
Hygiene	RTI	N/A			/A				ES NOKK	YES	1	A NO 🗆
00		OR CONTRIBUTING			M. MONTH DA	AY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 7)	
E /	MEDICAL	(IF EITHER, NOTIFY ME				19	N/A					
marked or	WED	WHILE AT WORK ON MOTO		21e PLACE	PEET, FACTORY, OFFICE, F	ARM, ETC)	ILLOCATION STREET N/A		CITY OR TO	NWN	COUNTY	STATE
E	20	22s.I certify that (U 1	e deceased from_		191		10 4 22	. 1	9 1	that (1) (we) last
21		saw the deced above, (I) (we)	sed alive an . (did) (did not	view the body	after death.	on.	dithat in (my) (our) op	inion death	occurred on the d	ate and hour	and from the	couses stated
NT. # Rea		27b. SIGNATURE	lend	la l	111		DEGREE ATTENDIT PHYSICIA	NG ME	EDICAL STA ECTOR PHYSIC	FF	22c. DATE	23 N
IMPORTANT		22d PHYSICIAN'S I	rber,	MD	•		Ger	manto		Road		
_		BURIAL, CREMATION (SPEC#Y) Burial	, REMOVAL	April/			emetery or cremate emorial Gar		ld LOCATION CITY OR TOWN Pleasan	t Grov	e, Ohio	STATE
50M 7/84	24 F	JNERAL DIRECTOR			ADDRESS		250		D BY REGISTRAR	25b. REGISTR	AR'S SIGNAL	LIRE
5, 4)	W.		ers Co.	. Inc.		orina	Maryland	APR	27 1987	Junasi	evidson-1	Portores

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. Chambers Co., Inc. Silver Spring, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

3

filled in by the funeral director, page 3

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	1	2 3
	CEASED NAME CEIL	LA	STON	EBURNER	APRIL	18 /	198	6:00A
3. SE	FEMALE	4. RACE WHITE	S. DATE DEG	OF BIRTH EMBEROAVI, 1-9-14	6. AGE (IN YEARS LAST BI	RTHDAY)	MONIHS DAYS	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN BUNNEY)	C. U.S.A	• WIDOV		9 BALTIMORE CITY OF	OR COUNTY		MD.
	TAKOMA PARK	WASHI	HOSPITAL, NURSING HOME HEACHTY GIVE STREET ADDRESS! NGTON ADVENTI.	ST HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LI	FEI INDUSTRY	HOME
13a. S	MARYLAND MAR	E OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSION 131, CITY OR TOWN WHEATON	13d. INSIDE CITY LIMITS?	130 STREET APORESS	NA ST	REET	20902
	FRANK	MIDDLE	DENNIBERG	GERT RUDE	WIDDIE			HEN
160 \	WAS DECEASED EVER IN U.S.	ARMED FORCES? Give war or dates)	166 SOCIAL SECURITY NO. 579-48-5407	17 INFORMANT CAROLYN ST	ONEBURNER,	SILVE		
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN CHRONIC OBS	(c)	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BL PULMON ARY	TNOT RELATED TO THE TERM	IINAL DISEASE OR CON			ASE
CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? YES □ NOW	20b. IF YES	FYING CAUSES	NGS USED OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAM 270.1 certify that (I) (this has sow the deceased allowed) (did) (did) 27b. SIGNATURE 22d. PHYSICIAN'S MAME (IY)	DEATH HOUR A. INER) 21e. PLACE (AT HOME, STI DESPITO!) ottended the on public view the body PE OR PRINT!	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from Otter death.	211. LOCATION STREET 211. LOCATION STREET APRIL 19 8 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 222 ADDRESS	city or to	OWN L 18 dote and house AFF CIAN	1987 pr and Irom the 22c DATE APOLE	SIGNED 18 1981 N.W.
	BURIAL, CREMATION, REMOV		23c NAME OF	CEMETERY OR CREMATORY (VID MEMORIAL)	GARDEN OR TEAL	LS CH	urch, v	IRGINTA

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

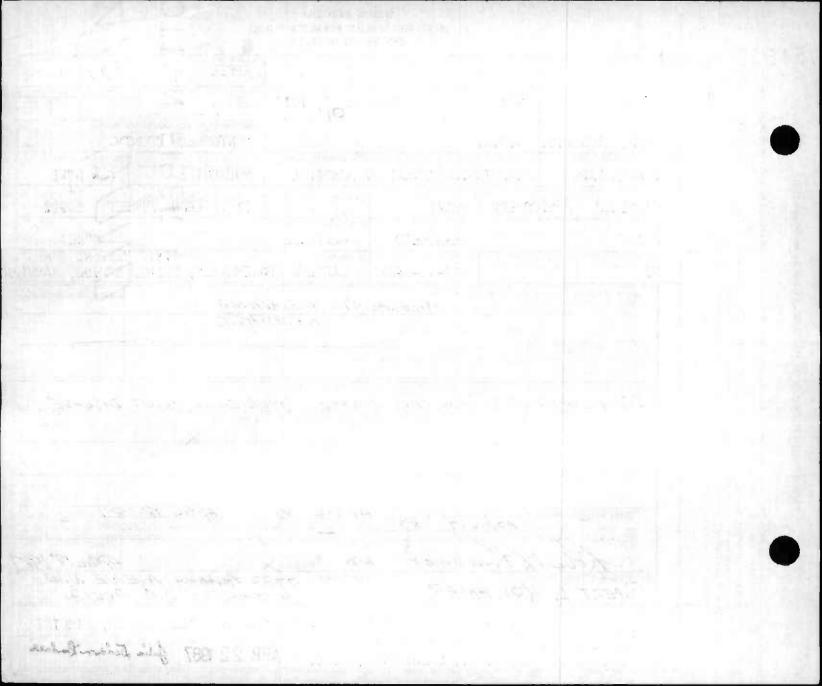
I hem 21 is marked or them 18 shows any injury, or other traumatic event, the

(VRA 15, 4)

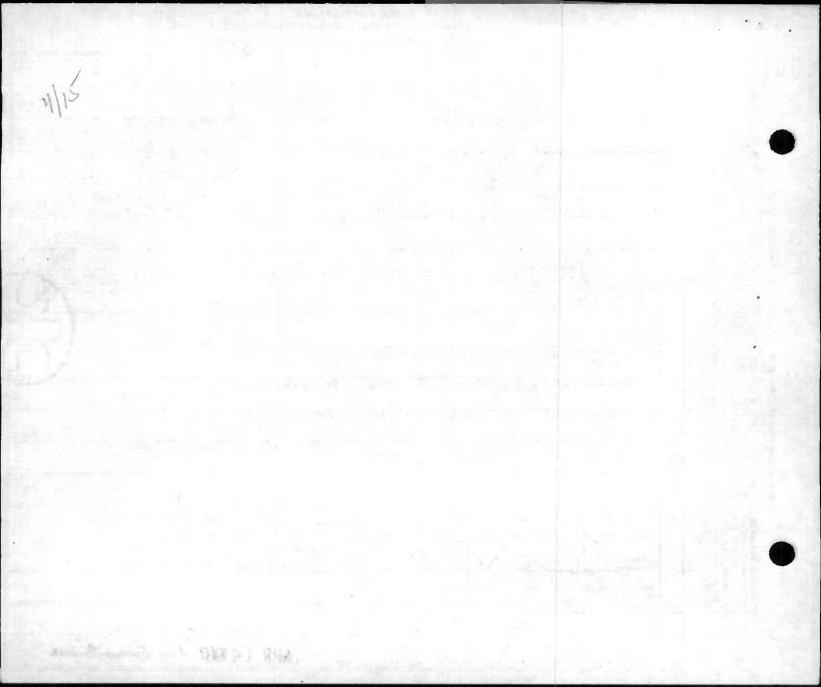
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24 DONALDE MP. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

APR 22 1987



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A 3	RALDIRECTOR. YOUR FILES. HIN 72 HOURS HITON STREET	3 SEX	K [4, R/	ACE	S. DATE OF BIRTH	wid_	STRAF	S IF UN	VDER 1 YR.	IF LINDER	24 HRS 2	DATE	MONTH	DAY YE	EAR 7d HOU
8	DIRECTOR TO NOT HELD ON ST				MONTH DAY	YEAR	LAST BIRTHDAY	MONT	HS DAYS	HOURS	MIN. PI	RONOUNCED	16	-87 10	7:30P
Ó	YOUR N 72 H		IRTHPLACE ISTATE C	ucasia	1 June 3	1956	30 YRS	5.				DEAD		NTY OF DEATH	
000	FERAL SERVICE AND		REIGN COUNTRY)	JR	76. CHIZEN OF W	HAT COUN			IED NE	VER MARRII	ED XX		_		
	15 L	u	ashington	D.C.	US	. A.			VED 🗌	DIVORCE	ED [N	iontgome	ery Cou	inty	M
l'e	A Comment of the comm	V		DEATH	11. NAME OF HO	ACHITY GIVEST	IDEET ADDRESS)	OR OTH	HER INSTITU	TION	12e USUA	L OCCUPATION	N (TYPE OF WOR	OR INDU	BUSINESS JSTRY
7	AND 3 TO THE P RETAIN PAGE OULD BE FILED RECORDS, 201W		ethesda		Suburba	n Hosp	pital				Tru	ick Dru	ier	Swings	in Door
= 2	AN TO SEE PORTS		AL RESIDENCE (IF IN	NURSING HOME O	OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION	۷)	had more e	ATV HAARYCO	Lia. erner	TADDDESS			
2120	S FROM S	Ma	ryland	Mont	gomery	Ken	Singtor	1	YES T	NO [4110	Knowles	s Ave.	2	20895
9 =	NON H	14. F.	ATHER'S NAME							R'S MAIDE					
E, M	5895	1	FIRST		MIDDLE		LAST					MIDDLE		Davio	11
0 2	S S S S	16n \	William NAS DECEASED EV	FRINIIS ARA	MED EODCESS	St	rahan TAL SECURITY	NO	17 INFOR	an I	athor	990AN	146941041	ity Bli	10 11
MIT.	SE S	()	ES, NO, OR UNKNOWN)	LIE VES CIVE !	-1980		-76-141				Cth	shaw D	D C C	Prop DC	na. w.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	8. GIVE PAGES 1. WITH FORM PM IT. PAGES 1 AND DIVISION OF WITH							4	witt	Lauri I.	SUU	man, v.		lver Sp	ming,
1 7	5 ∞ > ⊢ ⊔		18 CAUSE OF DE		ly ane cause per line								Mo	BETWEEN O	THE INTERVAL
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201	NA A EX	1	lying cause la	157.	(6)										
DS.	ATIVA		PART 2 OTNER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERMIN	AL OISEAS	E OR CONDITIO	N GIVEN IN PAR	That				
Ö	FEDING" IN PENCIL IN TEM I F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PENMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	Z			: Acute Na										
F 5	MEE MEE WEED AS OF HEALT	MEDICAL CERTIFICATION	19a DATE OF OPE				WHICH OPERA		AS PERFOR	MED?				20 AUTOP	SY2
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× 2	500WFDL	E	21s EXTERNAL CA	IISE WAS	21b. TIME O	F IN ILIPV		T 21. W	OM INTELLED	OCCUPPE	D. FAIVED MA	TURE OF INJURY IN I	75	YES X	NO [
90	WHEN THE WE	2	UNDERLYING CONTRIBUTING			A. MONTH	DAY YEAR						IEM ISPARI I OR	PART 2)	
O Jan	255£2	2			DEATH 2 P.M		6-879		naled	exhau	st fu	mes			
SIN 9	SED SED	AE I	WHILE NO		STREET SAC	OF INJURY TORY, FARM, ET	(AT HOME,		CATION			CITY OR TOWN		COUNTY	STATE
7	A A REI	-	AT WORK AT	WORK		rage		411	LO Kno	wles .	Ave.	Kenni		Maryla	
Ė	R: PA		22a Leartify the	at I took chora	e of the remains de	scribed abov	ve held on	Auton	sy X,	Inspection		Inquiry .	and in my		
2	SA SEA		death resulted fr		ol couses .	Accident		ide \(\)				mined monner		apinian	
	RATE STATE		death resolled in	I Notur	touses [],	Accident	L , 3010	ide L_2			Undeter	minea monner	L.		
	\$ \$ 5 5		ACTUAL	VALAL	is line	1101	U		,	PECIFY)			DAT	E NED 4-7	0.7
	E S T S T		SIGNATURE	munda	and Alli	JAK	<i>P</i>	M	I.D. Ass	istan	# MEDIC	AL EXAMINER	SIGI	NED 4-7	-8/
Š	PAN AND AND AND AND AND AND AND AND AND A		EXAMINER'S NAM	AE	Margarit	a A. F	Korell.	M. I).	1	11 PA	nn Stre	et		
2	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE SIT, BAITIMORE, MARYLAND, 2	100	(TYPE OR PRINT)				IAME OF CEMI		ADDRESS_						
	- M G F 4 80	230.B	URIAL, CREMATION	, REMOVAL 2	ALOR 10 10	67 23c. N	AME OF CEMI	TERY C	OR CREMATO	ORY	23d LOC			DUNTY	STATE
07/84 25M	BP	D	will	1	Apr.10,19	01 60	LE OF H	eav	en cen	ietery	Silv	er Spru	ing Mon	itgomery	Md.
23/41	DHMH - 17	24. F	UNERAL DIRECTOR	tranc	W J. COL	uns,	Jr.					EGISTRAR 75h	REGISTRAR'S	SIGNATURE	
(1	/R A15 ME (5))	150	0 Univers	ity Bli	vd. W. S	ilver	Sprina	. Me	d. 2096	APK	141	SOI that	the Water	Ray Corner	



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STATE OF MARYLAND

PO:	- STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	0 7 1	1924
	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
(TYP	Dannie	E. St	brokke	4	10 87 1102
3. SE		RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Afmale	White	MONTH DAY YEAR	82 YRS	
	SIRTHPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	ashinston DC	USA	WIDOWED DIVORCED	- No - 1 777 - 24 - 24	ey ME
10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET) 	SING HOME OR OTHER INSTITUTION EET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Si	Iver Springhal	BEI Pre HEG	1th care	House Wife	own Home
130.	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFI TY 13c. CITY OR TO		804 Forston	
	arriand mon	t · Silvers	pring YES NO		St., 20912
14. F.	THE SNAME Chafles	Phillip	15 MOTHER'S MAIDEN N	· Ca:	rrie Bënnett
	WAS DECEASED EVER IN U.S. ARM		CURITY NO. II INFORMANT Elaine St		rston Dr.
	(YES, NO OR UNKNOWN) (IF YES, GIVE	216-46	-6033 Elaine St	oddard 804 Fo	rston Dr.
Г	18. CAUSE OF DEATH :Enter only PART I DEATH WAS CAUSED	one couse per line for (a), (b),	and eu	tkoma fark. Md	BET WEEN BOND TAND DEATH
	MANUEL DEATH WAS CAUSED		epus		3days
		DUE TO, OR AS A CONSEC	NENCE OF	111	5/
1	Conditions, if any, which gave rise to immediate	(b) (c)	rundry Isacl	infletion	4 Jacon
-	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		
-	PART 2 OTHER SIGNIFICANT CO	ONDIDENS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TEN	RMINAL DISEASE OR CONDITION O	SIVEN IN PART To
NO	dryance	Brain .	Synolson		
CERTIFICATION	THE DATE OF OPERATION	1% CONDITION FOR WHI	CH OFFERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ł	7			YES NO X	YES NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR 716. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION		
MED	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK		1/10	4/11	10 87
	22a. I certify that (I) (this haspital sow the deceased alive on	9/10 19	(1.	on death occurred on the date and h	nour and from the causes stated
	abave, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death.	DEGRÉE		22c DATE SIGNED
	1/1/	15 11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/10/87
1	228. PHYSICIANS NAME (TYPE OR	PRINT)	22e. ADDRESS		11
	KIT BE	NACK M	10 4/15 Colu	e DR. Wheato	m, md
	BURIAL, CREMATION, REMOVAL	23b. DATE 14 108	GTAMEOWOWED OR CREMATOR	Washington.	DOUNTY C STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the medica

Home. Takoma Euneral

250. DATE REC'D. BY REGISTRAYS SIGNATURAL AND ASSESSMENT OF THE PROPERTY OF TH

Part of the second seco adament altrest sidelier: too a state of the second kinesers Pripage de l'anima discouler l'illi l'orapon in CARRY - SUT . PLTT do- 1 . U. Ingbou, U. C.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH FIRST YRE OR PRINT! nellie 8 5 3 SEX 4 RACE A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH YEAR TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina Montgomery WIDOWED DIVORCED 120 USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Chick ascew nring thereseen LISUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 131. CITY OR TOWN BALTIMORE, MARYLAND 21 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1112 Chickasaw Drive S.S. Md. Mont. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE UNKnown Sides Helen Richard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Richard Sullivan (Husband) Same as #13E 224 01 2715 N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse noke CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART 1 OR PART 2) 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OF TOWN COUNTY STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 1980 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on bove, (I) (we) (did) (did not) view the body of ter death 1986 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN F DIRECTOR PHYSICIAN 22e ADDRESS

23r NAME OF CEMETERY OR CREMATORY

George Washington

23d LOCATION CITY OF LOWN

250. DATE REC'D. BY

STATE

Md.

PG

DHMH - 16 60M 7/84

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

4/10/87

Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md.

STATE OF MARYLAND

SWARTZ

BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 / REG. NO	1	9 6	2 6	
26 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR
APRIL	16.	1987	41	P
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER I YEAR	UNDER	24 HRS
86 YRS	MONIA	SOAYS	HOURS	MIN.
9 BALTIMORE CITY OR COUNT	Y OF D	EATH		

3. SEX	4. RACE	5. DATE OF
FEMALE	WHITE	SEP
TO BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.

EIRST

EVA

136 COUNTY

MONT

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)

MIDDLE

1900 MARRIED NEVER MARRIED

MONTGOMER

126 KIND OF BUSINESS OR INDUSTRY

20901

CITY OR TOWN OF DEATH WHEATON

RANDOLPH HILLS NURSING HOME SILVER SRW

NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION

NO

13e STREET ADDRESS / ZIP CODE UNIVERSITY 15 MOTHER'S MAIDEN NAME

MIA 14 FATHER'S NAME

3a STATE

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR LDECEASED NAME

OR

OT IN SUCH FACILITY, GIVE STREET ADDRESS)

ANNA

MOU 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (YES, NO OR HINKNOWN)

17 INFORMANT

ADDRESS

MIDOLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

				IMMEDIA	4
Condi	tions,	if	ony,	which	
gove				ediole	

underlying couse

196 DATE OF OPERATION

DUE TO, OR AS DUE TO, OR AS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

PART I. DEATH WAS CAUSED BY:

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET FACTORY, OFFICE, FARM, ETC 1

NON 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)

211 LOCATION CITY OF TOWN

STATE

AT WORK NOT WHILE

21d INJURY OCCURRED

228.1 certify that (1) (this haspital) attended the deceased from

21e. PLACE OF INJURY

GLANN that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased olive on APRIL Sobove, (I) (we) (did) (did not) view the body at a death.

22e ADDRESS

MEDICAL STAFF ATTENDING PHYSICIAN T DIRECTOR PHYSICIAN

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL

23b. DATE

REGISTRAR 25) REGISTRAR'S SIGNAPRE

	HE PERSONAL PROPERTY.			
and the second				20111130
			EV3	
	K 28 1900 8	15 AT 17 A	FEMILE	
homen	Name X		I NAVE	
treat treat	BIRTHAN SHIPE SHEETER	NAMES AND STREET	A METALENIN	
Chille House	23 VIV.	South Stude		. 1
- Palestar	Div. Mar.	724.72 C 4.420		
Course of Louises to	Can L. Strang	M227 4-3		
5 A.W				
	The Market	The state of the same		•
	and the land and the second		the management was	

eral director, page 3.--

				STAT	E OF MARYLAND				
1	FOR STATE		DEPART	TMENT OF H	EALTH AND MENTAL HYG	IENE			
1 -	REGISTRAR			CERTIF	ICATE OF DEATH	9 /	. 1 1	(3)	1 7
DE	CEASED NAME FIRST		MIDDLE		LAST	REG. NO	MONTH DA	AY YEAR	2b HOUR
	ORPHINI) Patricia		Jean	Tab			ril 25		10:55
SEX	,	4. RACE		5. DATE C	OF BIDTH	6 AGE (IN YEARS LAST BIR	790 000	F UNDER TYEAR	IF UNDER 24 HR
SE,	Female	Whi	ite	MONTH	H DAY YEAR			ONTHS DATS	HOURS MIN
				Augu	st 3 1929	57	YRS		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D W NEVER MARRIED	9 BALTIMORE CITY O			
	llinois	United	States	WIDOWE	Λ	Montgomer	y Coun	ty	
_	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS C
	Bethesda	NITH TH	e Clinic	T ADDRESS)	de a 10	(TYPE OF WORK FOR MOST O			
-					iter	Housewif	е.	Own h	ome
3a. S	AL RESIDENCE (IF NURSII GHOME OF		13E. CITY OR TO		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
M	aryland Washi	ngton	Keedysv		YES NO	115 Plante		.e	21756
1.10	THER'S NAME				15. MOTHER'S MAIDEN NA				
1		MIDDLE	LAST		FIRST	MIDDLE		LAS	
_	Daniel		Webst		Dorothy	10000	-00	Anders	son
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADDRE			
	No		352-22-	1425	Mr. Kenneth	A. Tabler,	sam	e as]	13
	18 CAUSE OF DEATH (Enter or	ly one couse pe	line for tal. (b), o	nd (c) 1				APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Cardiac	arres	t				
	IMMEDIA	E CAUSE (0)							
		DUE TO, O	RASA SONSEO	HENCE OFT	east cancer				
	Conditions, if ony, which	(b)_	1100000						
	gove rise to immediate couse (a), stating the	DUE TO. O	R AS A CONSEO	JENCE OF					
	underlying couse lost.	((0)							
	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0)
Z				001	THE TENTE TO THE TENT	THE DIDENSE ON CONT.	DINOIT ONE		
CERTIFICATION	19a DATE OF OPERATION	TIBL COND	ITION FOR WHIC	HOPEDATIO	IN WAS PERFORMED	20g AUTOPSY?	TON IE VEC	WERE FINDIN	NCC HCED
2	THE DATE OF GLERATION	170 CO140	THOM FOR WHIC	II OFERATIO	WAS FERFORMED	ZOU ACTORST:	IN CERTIFY	ING CAUSES	OF DEATH?
2						YES X NO	YES	K	NO 🗌
W	210. ACCIDENT WAS UNDERLYING	110110		DAY VEAD	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT OR PART 2)	
A	OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH (JAT TEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE		17	211 LOCATION				
X.	WHILE NOT WHILE		REET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK								
	22a I certify that 🗶 (this hospi	tol) ottended th	e deceased from	April	. 15 19 87	, toApril	25 19	87	that X (we) lo
	saw the deceosed olive on obove, (i) (we) (did) (did)	April		87	nd that in (m) (our) opinion	deoth occurred on the de	ate and hour	ond from the	couses stated
	779. SIGNALLINE	II) view the body	oner deam		DEGREE			22c DATE	SIGNED
. 7	1. 2000 4	1	D1-11	- m	ATTENDING _	_ MEDICAL STAI		11/-	1.107
-	Marche V.	100	ant	- 111	PHISICIAN L	DIRECTOR PHYSIC		17/2	-6101
	THE PHYSICIAN'S NAME THE	ol PRONTS			22e ADDRESS Natio	nal Institu	tes of	Healt	:h
	MICHELE K	· EV	ANS P	1.D	9000 Rockvil	le Pike, Be	thesda	, Md.	20892
3a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(SPECIFY)					CITY OR TOWN		COUNTY	STATE

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

ATTENDING

should be detached for use as the burial-transit permit. Then please remove a with the State Dept-of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem 21 is marked at Irem 18 shaws any

injury, ar other traumatic event,

(VRA 15, 4)

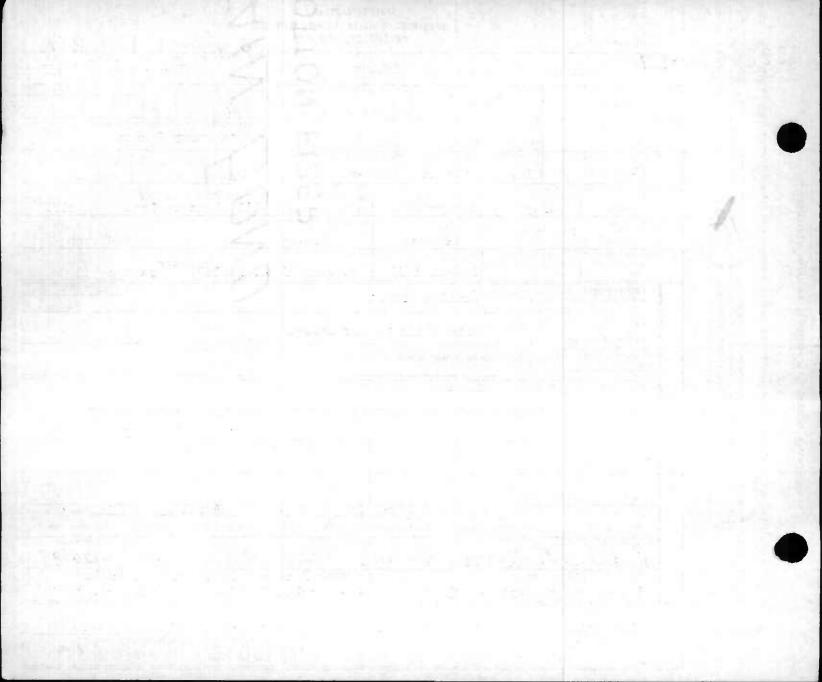
Cremation 4-27-87

24 FUNERAL DIRECTOR Richard Rapp, Inc P. O. Box 43352, Washington, DC

Metropolitan Crematory Alexandria, Virginia

156 DATE REC'D. BY REGISTRAR 156. REGISTRAR'S SIGNATURE

APR 30 1987



050440

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

d by the ottending physician and c

STATE OF MARYLAND

BRTHFLACE (INTERPRETANCE) DETINE OF WHAT COUNTRY B. ARRED NEVER MARRED	1			STAT	E OF MARYLAND				
REGISTRAR DECEASED/AME IDECEASED/AME INTO CASED A RACE White S. DATE OF BRITH WHITE S. BACKERS AND	10		DEPA	RTMENT OF	HEALTH AND MENTAL HYG	SIENE			
DEFERSION NAME 1981 148 158 169				CERTI	FICATE OF DEATH	8 / REG. NO	0.	9 2	8
SERVING COUNTY PART COUNTY	1 DE	CEASED NAME FIRST	MIDDLE		LAST			YEAR	
Re BRITHACE STAIL OFFDETON 12 CHILER OF WHAT COUNTRY 12 MARRIED NEVER MARRIED NEVE	{115	Dessie		101	Shoff	401	01	57	X200
The BERTHPIACE (SALE OF FORCE)	3. SE	× -	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR			
B RRITHACK (START OFFOREN COUNTY) RUSS 1A OF COUNTY OF DEATH DECLAR RESCORAGE (19 MASSING OFFOREN COUNTY) B C GRO OF DOWN OF DEATH DECLAR RESCORAGE (19 MASSING ONE) OF COUNTY OF DEATH DECLAR RESCORAGE (19 MASSING ONE) OF COUNTY OF		termia	White	MONE	1 15 1898	88		VIHS DAYS	HOURS
RUSS 18 USA WOOWED DNORED DNORED	a. B		76 CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CITY O		FDEATH	
19 CBY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. SUBJECT OF CORRESPONDED 13. SUBJECT OF CORRESPONDED 14. SUBJECT			USA			MONTO	SOM	FRY	CT
AUDURE SEDENCE IP FOREIGN COME OF CONTRIBUTION OF REPORT AND COMES CONTRIBUTION OF REAL CONTRIBUTION OF REPORT AND COMES CONTRIBUTIO	10 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU						BUSINES
SECURITY NO. 134 NOTICE (PROPERTION OF COUNTY 134 NOTICE FROM ENGAGED 135 NOTION 134 NOTICE FROM ENGAGED 135 NOTION 134 NOTICE FROM 135 NOTION 135 NOTICE FROM 135 NOTICE FR	1	DetRospa	SI POR BOOK SIVE S	TREET ADDRESS)	Hospital	1			
Maryland Montgomery Bethesda YES No	USU							Own H	OMO
### ADDRESS ### AD		2 2						1573 2	0817
Ephariam Bergman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 100 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Washington 11 INFORMANT ADDRESS Washington 1219-48-2347 Mariam Jacobson 1913 Sudbury Rd. N.W. PART I. DE ATH KENEY only was to put lime for 101, lib., and (c.t.) PART I. DE ATH WAS CAUSED BY. III. CAUSE OF DEATH KENEY only one course per lime for 101, lib., and (c.t.) PART I. DE ATH WAS CAUSED BY. III. CAUSE OF DEATH SENIEVE COURSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (b). JOUETO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) DUE TO, OR AS A CONSEQUENCE OF LOUNG COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 VES IN CERTIFICATION LOUNG COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTING COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTION COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTION COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTION COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTION COURS (DI.) JOE AUTOPSY? JOE BY ALL CENTRAL CONDITIONS CONTRIBUTION COURS (DI.) JOE AUTOPSY? JOE BY ALL C	_		regomery Decin	codd			, Lacy D	100 2	0017
No									huc
NO 219-48-2347 T Mariam Jacobson 1913 Sudbury Rd. N.W. CAUSE OF DEATH Enter only one couse per line for io), (b), and (c.)	60			ECURITY NO.			55		
18 CAUSE OF DEATH Enter only one couse per line for iol, (b), and ic.1 PART I. DEATH WAS CAUSED BY (CACCUTT) and a for iol, (b) MINTER CAUSE (c) MINTER CAUSE (c) CACCUTT (c) and a for iol, stohing the underlying couse iol, stohing the underlying couse iol, stohing the underlying couse iol, (c) DUE TO, OR AS ADONS QUENCE OF (b) DUE TO, OR AS ADONS QUENCE OF (c) DUE TO, OR				8-2347	Mariam Tag	obson			
PART I. DEATH WAS CAUSE (0) CONDITION, Which COUNTY IS IN THE COUNTY OF THE PART I DEATH WAS UNDERLYING COUNTY OF THE PART I DEATH OF THE PART I	_				Marian Jaco	opsou 1913	Sudbury		
DUE TO, OR AS A GONSEQUENCE OF Conditions, if only, which gove rise to immediate couse iot, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR (# EINTER NOTIFY MOCK ALEXAMINES) P.M. 19 21d INJURY OCCURRED 10 NOTIFY MOCK ALEXAMINES 11 P.M. 12 INDURY OF COURSE 21 INJURY OCCURRED 22 INJURY OCCURRED 23 INJURY OCCURRED 24 INJURY OCCURRED 25 INJURY OCCURRED 26 INJURY OCCURRED 27 INJURY OCCURRED 28 PRESET FACTORY, OFFICE FARM, ELC.) 27 INJURY OCCURRED 27 INJURY OCCURRED 27 INJURY OCCURRED 27 INJURY OCCURRED 28 INJURY OCCURRED 29 INJURY OCCURRED 20 INJURY OCCURRED 21 INJURY OCCURRED 21 INJURY OCCURRED 21 INJURY OCCURRED 22 INJURY OCCURRED 23 INJURY OCCURRED 24 INJURY OCCURRED 25 INJURY OCCURRED 26 INJURY OCCURRED 27 INJURY OCCURRED 28 INJURY OCCURRED 29 INJURY OCCURRED 20 INJURY OCCURRED 21 INJURY OCCURRED 21 INJURY OCCURRED 22 INJURY OCCURRED 23 INJURY OCCURRED 24 INJURY OCCURRED 25 INJURY OCCURRED 26 INJURY OCCURRED 27 INJURY OCCURRED 27 INJURY OCCURRED 28 INJURY OCCURRED 29 INJURY OCCURRED 20 INJURY OCCURRED 21 INJURY OCCURRED 21 INJURY OCCURRED 22 INJURY OCCURRED 23 INJURY OCCURRED 24 INJURY OCCURRED 25 INJURY OCCURRED 26 INJURY OCCURRED 27 INJURY OCCURRED 27 INJURY OCCURRED 28 OND INJURY OCCURRED 29 INJURY OCCURRED 20 INJURY OCCURRED 21 INJURY OCCURRED 22 INJURY OCCURRED 23 INJURY OCCURRED 24 INJURY OCCURRED 25 INJURY OCCURRED 26 ON OCCURRED 27 INJURY OCCURRED 27 INJURY OCCURRED 28 ON OCCURRED 29 INJURY OCCURRED 20 INJURY OCCURRED 20 INJURY OCCURRED 20 INJURY OCCURRED 20 INJURY OCCURRE		PART I. DE ATH WAS CAU	SED BY:	0	1. C. +	1.		BETWEEN ON	NSET AND
OR CONTRIBUTING CAUSE OF DEATH CORREST PLACE OF INJURY (STREET, FACTORY, OFFICE FARM, ETC.) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 22e.1 certify that (1) (fifty according to the deceased from sow the deceased alive on obove, (1) (see 14de 2) (did not) view the body ofter death. 22e. SIGNATURE 22e. DATE SIGNED 22e. DATE	TION				TNOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN		
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE FARM, ETC.) 22e.1 certify that (1) (this existed) attended the deceosed from saw the deceased olive on obove, (1) (well-did (did not) view the body ofter death. 22e.1 certify that (1) (this existed) attended the deceosed from the couses stated olive on obove, (1) (well-did (did not) view the body ofter death. 22e. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 23d FUNERAL DIRECTOR TVOS PEARS SIGNATURE 24 FUNERAL DIRECTOR TVOS PEARS SIGNATURE 25d. DATE REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	FICA	1 1	196. CONDITION FOR WE	TICH OPERATION	ON WAS PERFORMED		IN CERTIFYIN	VERE FINDING	OF DEATH
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COUNTY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 226.1 certify that (1) (this region) of the dead of the deceased from sow the deceased olive on obove, (1) (was 145 Clid not) view the body offer death. 226.5 IGNATURE 227.6 DATE SIGNED 228. DATE SIGNED 229. DATE SIGNED 229. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 221. NAME OF CEMETERY OR CREMATORY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN COUNTY STAFF 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. NAME OF CEMETERY OR CREMATORY COUNTY STAFF COUNTY STAFF COUNTY STAFF COUNTY STAFF COUNTY STAFF 226. DATE SIGNED 227. DATE SIGNED 228. DATE SIGNED 229. DATE SIGNED 220. DATE SIGNED 221. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY STAFF COUNTY STAFF COUNTY STAFF COUNTY STAFF COUNTY STAFF DEGREE 226. DATE REC'D BY REGISTRAR 258, REGISTRAR'S SIGNATURE	ERTI	21a ACCIDENT WAS UNDERLYING	71h TIME OF INJURY		1214 HOW IN HIPY OCCUP			100000013	NO [
220. I certify that (I) (this legisla) attended the deceased from sow the deceased olive on above. (I) (well-district (did not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH		The Hotel Wayork Occord	TENTER NATURE OF INJUR	THE HEM ID PART	ORPANIZ)	
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sow the deceased olive on obove. (I) (west-fide Right on the body offer death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR			intal) attended the deceased fro	nm 7. /	28 10.87	10 4/1	0 10	57 "	hat (I) (e
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 222d. PHYSICHAN'S NAME (TYPE OF PRINT) 222d. ADDRESS 24 ADDRESS 250 DATE REC.D. BY REGISTRAR 25b, REGISTRAR SIGNATURE	100	saw the deceased olive	on 4/ (0	20-10	nd that in (my) (our) opinion	death occurred on the de	te and hour a		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			nat) view the bady ofter death,		DEGREE			27¢ DATE S	IGNED
22d. PHYSIGHN'S NAME (TYPE OR PRINT) 22d. ADDRESS 2440 M. Shr WW. Wal. D.C. 200 23d. BURIAL, CREMATION, REMOVAL 23b DATE 23d. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY ST. Burial 4/12/87 Mt Lebanon Cemetery Adelphi Mary 24 FUNERAL DIRECTOR IVes-Pearson Funeral Home 250. DATE REC.D. BY REGISTRAR' 25b, REGISTRAR' SIGNATURE		Not 1	on M	nol.				41	4/3
Robert HARDI MO 2440 M Shr WW Wal . D.C. 200 230 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 230 LOCATION CITY OR TOWN COUNTY ST. BURIAL 4/12/87 Mt Lebanon Cemetery Adelphi Mary 24 FUNERAL DIRECTOR IVes-Pearson Funeral Home 250 DATE REC.D. BY REGISTRAR 250 REGISTRAR SIGNATURE		22d. PHYSICHN'S NAME (TYR	E OR PRINT)			DIKECTOK PHASIC	IAN	1 1	1 10
236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOFTOWN COUNTY St. Burial 4/12/87 Mt Lebanon Cemetery Adelphi Mary 24 FUNERAL DIRECTOR IVes—Pearson Funeral Home 256 DATE REC.D. BY REGISTRAR 256 REGISTRAR SIGNATURE	1-	Roset	HARNI N	1	2440 M	SH AMI	Wirel	'AC	m
Burial 4/12/87 Mt Lebanon Cemetery Adelphi Mary 14 FUNERAL DIRECTOR IVes—Pearson Funeral Home 1250 DATE REC.D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE	23a	BURIAL, CREMATION, REMOVA	AL 23b DATE	23c. NAME OF	EMETERY OR CREMATORY		+-000	13 -1	-00
14 FUNERAL DIRECTOR IVes-Pearson Funeral Home 250 DATE REC'D BY REGISTRAR'S SIGNATURE		(SPECIFY)					C		
	24 F	UNERAL DIRECTOR IVES	-Pearson Funera	al Home	25a. DAT	E REC'D. BY REGISTRAR	25b, REGISTRA	R'S SIGNATU	Mary.
		NAME Arli	ngton, Va. ADDR	55			4		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-transwith the State Dept. of Health and Mental Hyra

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the haspital ar attending phy

1 - STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

Female

O. BIRTHPLACE (STATE OF FOREIGN

IL CITY OR TOWN OF DEATH

Rockville

Maryland 4. FATHER'S NAME

Leon

Pennsylvania

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FIRST

Blanche

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

Caucasian

P.

76. CITIZEN OF WHAT COUNTRY?

United States | WIDOWED |

13 COUNTY 134 INSIE Montgomery Gaithersburges K

DECEASED NAME

STATE OF MARYLAND

Tamulis

June

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Potomac Valley Nursing Home

Walis

166 SOCIAL SECURITY NO

200-30-4047

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

134. INSIDE CITY LIMITS?

17 INFORMANT

15. MOTHER'S MAIDEN NAME

1 9 0 9

Not Available

Irene T. Carlin

B	7	REG. I	10.	1	2	9
20. D	ATE OF	DEATH	MONTH	DAY	YEAR	2h HOUR

IF UNDER 1 YEAR

INDUSTRY

9704 Inaugural Way Gaithersburg, MD

1:50pm

12b. KIND OF BUSINESS OR

Own Home

April 29,1987

19117 Brooke Grove Court

6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County,

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Homemaker

ADDRESS

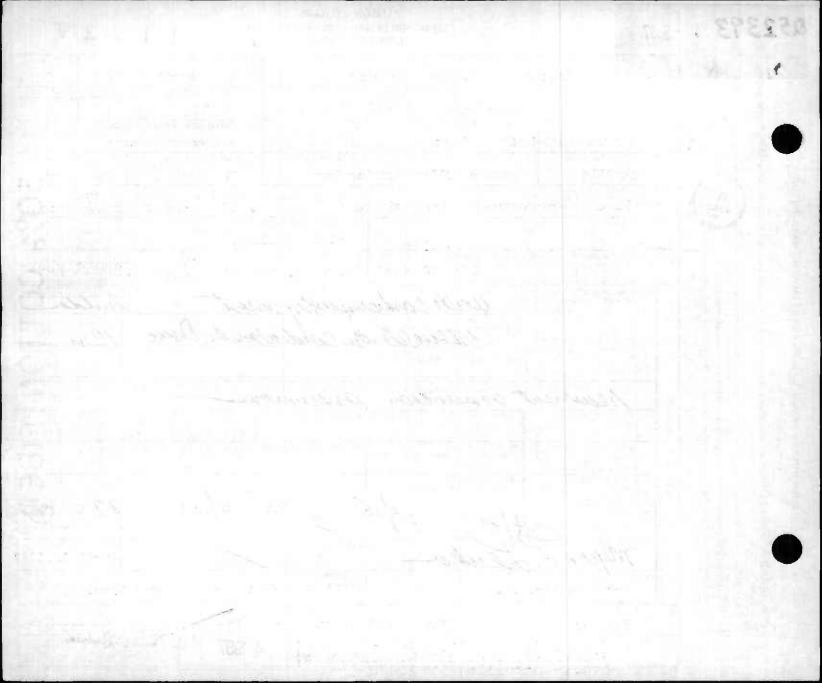
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II. If them 21 is marked on them 18 shows any injury, or other traumatic ex	1		2
II. If them 21 is marked on them 18 shows any injury, or other traumatic ex	- P. P. S.	A CHARLES	2
II. If them 21 is marked on them 18 shows any injury, or other troumatic ex		nt, the medical	
IT: If Item 21 is marked on tem 18 shows any injury, or		umatic ev	
IT. If Item 21 is marked on tem 18 sh			
IT: If Item 21 is marked on tem	12.00	S.	>
JT. If Item 21 is m	100000000000000000000000000000000000000	ed on tem)6	7
T. # 1		is m	
	מבים בים בים	RTANT: If Iter	

this certificate D +

DHMH - 16 60M 7/84 (VRA 15, 4)

18 CAUSE OF DEATH (Enter only one couse per line for (p) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 220 I certify that (I) (this haspital) sow the deceased of apmin death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did) DEGREE 226. SIGNATURE 22c DATE SIGNED ATTENDING. STAFF April 30,1987 2309 Shorefield Road Wheaton, Maryland Myron Lenkin, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL May 4, 1987 Gate of Heaven Burial Silver Spring Montgomery Puneral Directore A. Pumphrey Funeral Home 150 Date REC 38 PEGIS RAP 256 Rockville, Inc. 300 W. Montgome M. Ave., Rockville, MD 20850

DIVISION OF VITAL RECORDS,



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-		10	-
1	U	10.1	d.

FOR

STATE OF MARYLAND

DEPART YGIENE

MENT	OF	HEAL	TH	AND	MENTAL	Н
CE	RTI	FICA	TE	OF	DEATH	

"7	1	(3)	4	- 1
1	REG. NO.	1 7	W	1

9 8	REGISTRAR			CERTIF	ICATE OF DEATH	8 7	REG. NO.	1 9	1 3	U
	CEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF	DEATH MONTH	DAY	YE AR	26. HOUR
	Cons	stance			Taylor		04	18	87	640 PM
3 SE	X	4 RACE		5. DATE C		6. AGE (IN YE.	ARS LAST BIRTHDAY)	IF UNDE	DAYS.	IF UNDER 24 HRS. HOURS MIN.
F	Temale	Caucas	sian	Dec		75	YRS		DATE	WIN.
7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	RE CITY OR COUN	NTY OF DE	ATH	
	ew York	USA		WIDOWE		m	lontgom	nery !	Coun	ity MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING		KIND O	F BUSINESS OR
(Bethesda /	1 (" 1101 1100	Suburbo		tospital		ol Teach			ation
13a S	ALRESIDENCE (IF NURSING HOME O STATE 136 COU New Jersey Monm	NTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?		DDRESS / ZIP CO		19	999
	ATHER'S NAME	loutii	Spring La	ake n	15 MOTHER'S MAIDEN NA		gwood La	ine /	U	7762
5	FIRST	MIDDLE	LAST		FIRST		MIDDLE	D -	LAS	a a
16n V	John WAS DECEASED EVER IN U.S. AI	P.	Taylor	PITY NO	Georgiana 17 INFORMANT	a	ADDRESS	Bowe	rs	
		IVE WAR OR DATES)		4678	Lawrence Kei	nnelly	5006 Ben Bethe	ton A	Ma:	20814
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, O	R AS A CONSEQUE	TION VOUNT	MA	LMONAR)	GIVEN IN	PART 1		
N O										
CERTIFICATION	APRIL 14, 1	196. COND			OE OVARY	20a AUTO				OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P. PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA	19	21c. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NAT	CITY OR TOWN		DUNTY	STATE
Z	AT WORK NOT WHILE AT WORK	(W) HOWE SI	NELT, FACTORY OFFICE, F	00		. 20				
	sow the deceased alive of above, (1) (we) (did) (did)	AP 121	6 18 19 3		nd that in (my) (our) apinion of		on the date and I			that (IX(we) last couses stated
	276 SIGNATURE	os M.	Welan,	m		DIRECTOR [STAFF PHYSICIAN	27	4/19	SIGNED 7
	74-0MAS		SON, M.	D	5413 WEDA	RLANI	F, Berl	HUSDA	M	D 2081

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the otto should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation

IMPORTANT: If Hem 2 I is morked or

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending phys

(VRA 15, 4)

230 BURIAL, CREMATION REMOVAL BURIAL April 25,1987

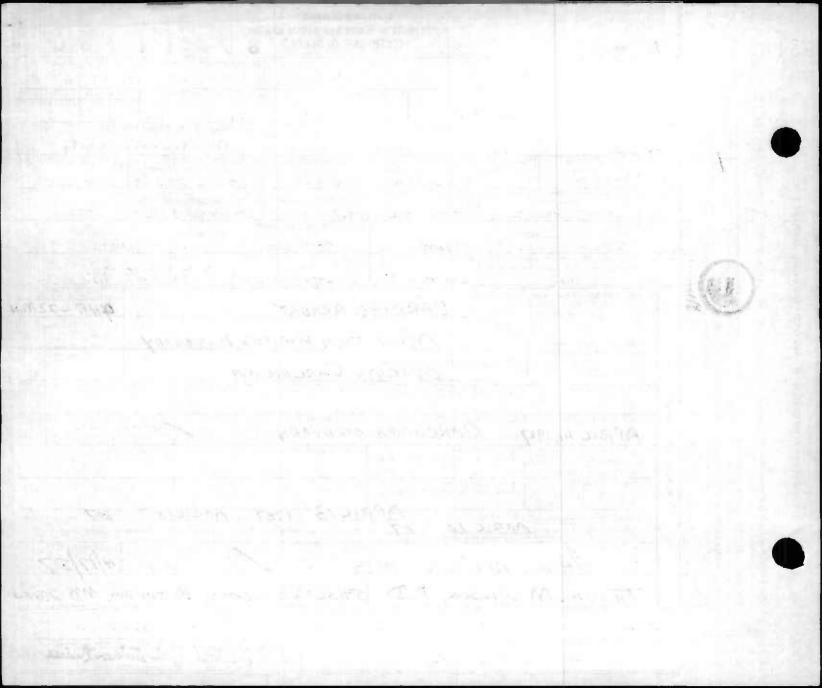
23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

y citrologith Arlington NJ

14 FUNERAL DIRECTOR IVES - PEATSON FH Arlington, Va. 22201 FSS

236 DATE

REGISTRAR 216 REGISTRARS STONAURT



	9557	AFR -	7 a	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	193	3 1
	ge 3			CEASED NAME FIRST	.5	M .	TE	EPPER.		MONTH DAY YEAR 4 - 2-8	7 15 HOUR 5
	ge 4 moy ector, poor		3 SE		4 RACE	Uhite	5. DATE (OAY YEAR	6. AGE (IN YEARS LAST BIRT		
	leoth Por merol dur in 72 hou	97		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		MARRIE WIDOWI	D NEVER MARRIED	MONT	GOM C	= RYMD
201	by the tu	90	Ro	ckville	Hebrew	Home of C	ADDRESS) Greate	er Washington	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Tax Agent (GOV T
BALTIMORE, MARYLAND 2120	24 hou	35	130 Ma			ROCKVIL		13d. INSIDE CITY LIMITS? YEY区 NO []	13e STREET ADDRESS / 6121 Montro		0852)
MARYL	(11)	15		ATHER'S NAME Julius	WIDDLE	Tepper		15. MOTHER'S MAIDEN NA Pearl	WIDIOLE		gsberg
TIMORE	o o o o o o o o o o o o o o o o o o o	1		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (1F YES, C	ARMED FORCES? GIVE WAR OR OATES)	579-42-2		Burton J. Ter	Gai per;Son;154	thersburg, O5 Peach L	eaf Drive
201 W. PRESTON ST.,	quires that the death certificate signed by the attending physic hen please remove corban pape		7	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF A THEY DISEASE OF DUE TO, OR AS A CONSEQUENCE OF OR THEY DISEASE OF THE STATE						
AL RECORD	on. hos been	wi kuo sm 2	CERTIFICATION	19a. DATE OF OPERATION	19h COND	DITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
DIVISION OF VITAL RECORDS,	NG PHYSICIAN: T offending physici frer this certificate as the burial-transi	orked or Item 18 sho	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED CAUSE OF COURSE CAUSE OF CAUSE	HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY (REET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCURI 21L LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
	SPITAL OR ATTENDII I by the hospitol or NERAL DIRECTOR: A be detached for use	TANT: If Item 21 is mo		270. I certify the (1) this has saw the receased give cobove. (1 (we) (did) did (1) 22b. SIGNATURE	nat) view the body			22e ADDRESS	MEDICAL STAF	22c. DA	the causes stoted ATE SIGNED 2-87.
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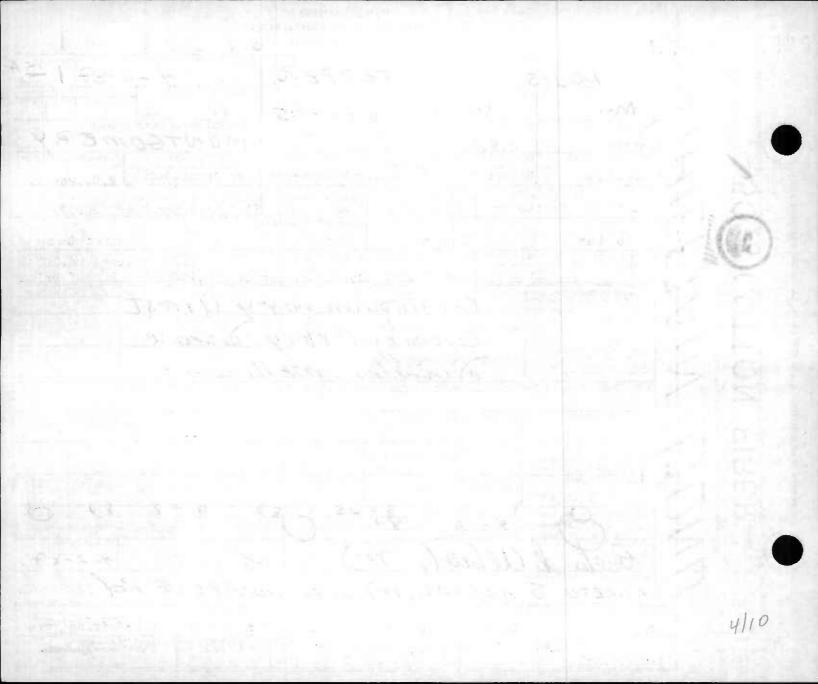
Ring David Memorial Gdn.; Falls Church; Fairfax; Va.

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

236. DATE 4/3/87

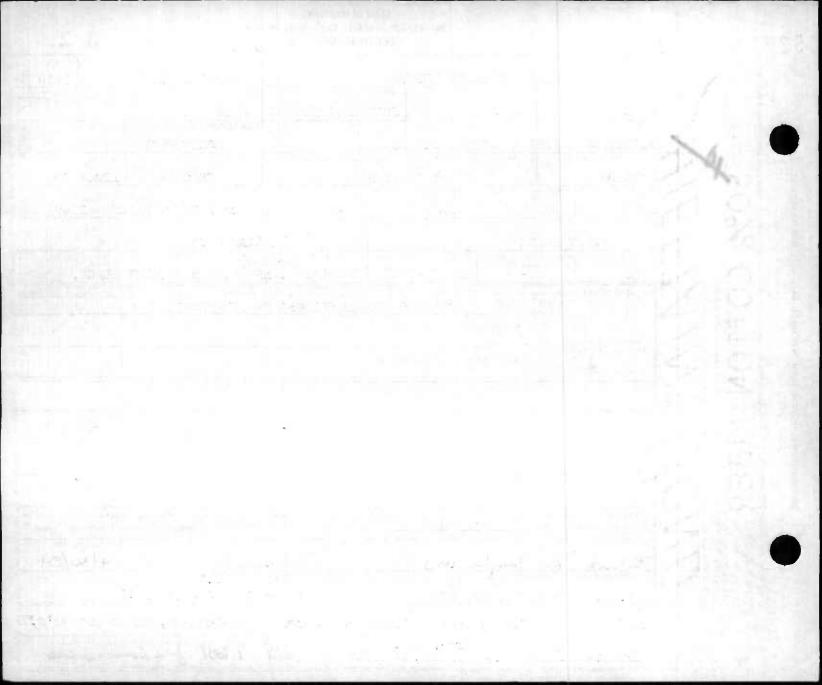
Burial 4/3/87 King David Memorial Gdh.

74 FUNERAL DIRECTOR DANZANSKY-GOLDBERG. MEMORIAL CHAPELS
1170 Rockville Pike; Rockville, Md. 20852



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 1 1617 -	9 87	REGISTRAR				CERTIF	CONTRACTOR OF DEATH	B / REG. N	6 1	9 3	2		
		CEASED NAME	FIRST		MIDDIE	ı	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR		
poge 3		ORPRINT	MARG	SARET E	EALE TES	NER		APRIL 30			3:10 A		
Ter p	3. SE	X	4.	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS		
sge 4	-	FEMALE		CAUCAS		JULY	29 1950	36	YRS				
P P P	Jo B	RTHPLACE (STATE OR	FOREIGN 71		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH			
deot		STRICT OF			ITED STA			MONTGO			MD		
i 11/27	1	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURS CH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
S. D. S.	-	ETHESDA			NAVAL H		L	TEACH	IER.	EDUCA	ATION		
filled of beautiful beauti	13a.	AL RESIDENCE (IF NUR STATE RYLAND	PL COUNT CHAR	Y	131. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES 2 NO	13e STREET ADDRESS		ACE 2	20601		
il the	H F	ATHER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		IAS			
P 1	V		Y BEAL		EW31			LIAN MAYS		IA:	31		
d dicur		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT (Spou	se) ADDRI	ESS				
Pogn on	and the same	NO		_	220-56-	7007	DOUGLAS P.TE	SNER, 4905 A	A SAVO	Y PLACE	₹,		
ote opera vol.		18 CAUSE OF DEAT	TH (Enter only	one couse pe			WALDORF, MD		100	BETWEEN	ONSET AND DEATH		
phy on po	18	PARTI. DEATH V	IMMEDIATE		ADVANC	ED ADE	ENOCARCINOMA O	F THE CERVI	LX				
ndin corb or r				DUE TO, C	R AS A CONSEQ	UENCE OF							
the deoth the offend remove co emotion, o er troumot		Conditions, if ony, which gove rise to immediate											
the term		couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF											
d by		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
signe hen p to bur ijury,	Z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	0'		
w re-	CERTIFICATION	19a DATE OF OPERA	TION	19b CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED			
hos hos	F	The Part						YES NO X		YING CAUSES	S OF DEATH?		
rsicio cote lonsit	ER -	21g. ACCIDENT WAS UN	DERLYING		OF INJURY		21c. HOW INJURY OCCURR						
CIAN Physical Physica		OR CONTRIBUTING		,	.M. MONTH !	DAY YEAR							
ding ding ding ding Meri Aer	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION			COUNTY	STATE		
G PH of the cond	X	WHILE NOT W	HILE	(AT HOME S	REET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	IWN.	COUNIT	STATE		
or or see or mor mor		22a. I certify that () (this hospito				, , , , , , , , , , , , , , , , , , , ,	APRIL			that (I) (we) lost		
OR ATTEND of hospital of DIRECTOR., oched for use Dept. of Heo f Hem 21 is m	10	sow the deceo	sed olive on_	APR	TI. 30 19	87_, 01	nd that in (my) (our) opinion o	deoth occurred on the d	ate and hour	ond from the	couses stated		
hos hos hed hed hed hed hed	-	22b. SIGNATURE		view the body	Otter deotti.		DEGREE			22c DATE	SIGNED		
At the et et et T. F		Robert	2.	Zam 1	a ws		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [43	F3/00		
FUNERAL WIG be detted by the Store		224. PHYSICIAN'S N	AME (TYPE OR I	PRINT				HOSPITAL					
		R. R. 7	CAYLOR.	LT. M	C, USNR		BETHE	SDA, MD 208	314-50	11			
D = D = 3 3		BURIAL, CREMATION	, REMOVAL	23b. DATE	230		EMETERY OR CREMATORY	23d LOCATION					
BP	E	urial		May 2,	1987 MI) Veter	rans Cemetery	Cheltenha	m,Pri	nce"Ged	orge 's',MI		
DHMH - 16 60M Z/84 (VRA 15, 6633	24. F	UNERAL DIRECTOR Alexande	Lee F	uneral	Home, I	nc.	7.35 X MAY	REC'D. BY REGISTRAR		RAR'S SIGNAT			
(VRA 15, 6)033	PITO	a Alexande	rerr	y Ka.,	Clinton	, ND 20	/35 INIAI	1 1001 8	The way	Leaner Se	A-GARAGE		



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STATE OF MARYLAND	ID
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/PR	1 - -9	FOR STATE REGISTRAR			IT OF HEALTH AND ERTIFICATE OF		IENE REG. No.	19;	3 3
		CEASED NAME FIRST GLADY	'S E		HOMAS		20. DATE OF DEATH M	ONTH DAY YEAR	1: 50 AM
	3. SE	Х	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTHS DA	
.00	1	FEMALE	WHITE		MAY 4,	1907	79	YRS	
206		IRTHPLACE STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	, v		NORCED	MONT 6	OMERY (. MD.
20	B	ETHES DA	SUBUL SUBUL	SPITAL, NURSING H CILITY, GIVE STREET ADDR RBAN	HOME OR OTHER INS RESS) HOSP't.	TITUTION	179 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF V SWITCHBOARD		RETAIL
K		AL RESIDENCE (IF NURSING HOME OF STATE 13) COU!	NTY 13c	E RESIDENCE BEFORE ADM CITY OR TOWN FUNKSTOWN	AISSION) 13d INSIDE O	NO [302 NORTH	ANTETAM S	T. 21734
*/ (4. FA	ATHER'S NAME FIRST HERBERT	MIDDLE G.	THOMAS		S MAIDEN NAM FIRST OTTE	MIDDLE	MOOR	LAST E
medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	579-07-89		M. MOC	RE P.O. I	30X. 599,	Md. FUNKSTOWN,
other traumatic event, h		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	D BY: TE CAUSE (0)	CONSEQUENCE	mone	a Fa Klark	ilare Dises	3 A	ROXINATE INTERVAL
ws ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION	Note	re 1	TH BUT NOT RELATED	- 5	AZBE AUTOPSY?	TION GIVEN INFART 200. IF YES, WERE FIN IN CERTIFYING CAUS YES []	DINGS USED
lem 18 sh		THE ACCEPTATIONS CALLS OF DEA	WHILE THE PROPERTY OF THE PARTY		YEAR 19	JURY OCCURR	ED (enter wature or major)	A STATE AND ADDRESS OF THE PARTY OF THE PART	Total State
arked ar h	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF 1 (41 HOME, STREET,	INJURY FACTORY, OFFICE, FARM,	THE LOCATE	ON Of	Erry ON 10yer	COUNTY	STATE
Hem 21 is mo		224.1 certify that (I) (this hosp saw the deceased alive on above; (I) (wat (did) (did go 27b. SIGNATURE	2/	3//600	and that in (my)	iguri opinion a	to		that (I) (perfast the couses stated STE \$15NED
*		220 PHYSICIAN'S NAME (TYPE C	AND PRINTS	X		CONTRACTOR OF THE PARTY OF THE	MEDICAL STAFF	NO \$	11/87
IMPORTANT	23a E	HOS GO	WARD	6/16 1236 NAM	AE OF CEMETERY OR	was	Beth 1236 LOCATION	laft 2	817

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remayer carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayol.

(VRA 15, 4)

CREMATION 4-2-1987 74 FUNERAL DIRECTOR
NAME
W. W. CHAMBERS CO. INC.

ADDRESS 20910 SILVER SPRING, Md.

CREMATORY

CHAMBERS

PORY RIVERDALE

Md.

MEYER AND MINISTER AND MINISTER OF THE PROPERTY OF THE PROPERT TO RESORT TO THE PARTY OF THE P The same of the sa The second second

4/14

050775 100	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL I	140
1000 L 1 VIS	1 DE	CEASED NAME	FIRST J	eanellen	MIDDLE S.		Thompson	
be oge 3 death		26	cane	len		hom	1pson	
may pod	3. SE	X		4. RACE		5 DATE O		
oge 4	1	Female	114.56	Whi	te.	Janu		
2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DEVER MARRIED	
8 11751		ashington,			States	WIDOW		
11 11 19	10 C	ITY OR TOWN OF DE	HIA		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	
10 K of		ethesda			amestown 1			
Pon Pon 23	130	AL RESIDENCE IN NUR	13b COU	R OTHER INSTITUTION NTY	131. CITY OR TOW		1134 INSIDE CITY LIMITS	?
AND 24	M	aryland	Mont	gomery	Bethesd	a	YES X NO	
RYE.	PAR	ATHER'S NAME		WIOOFE	LAST		15 MOTHER'S MAIDEN	NA
P 1 /2/	K	Harold		М.	Shirk		Marjorie	2
AORE, M. ond call oge		WAS DECEASED EVEL		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	
rimol		No			213-46-6	726	Richard L.	I
BALTIMORE, MARYLAND 21201 ote be executed within 24 hours or ysicion and certain the spers. Page to the spers. Page to the spers. Page to the spers. The specific		18 CAUSE OF DEA			r line for (a), (b), and			
		PARTI. DEATH		TE CAUSE (o)		SH	004	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The low requires that the rectange physician. We this certificate has been signed by the destriction os the burial-transit permit. Then please removements the nord. Mental Hygiene prior to burial, cremotion, or removed ar them 18 shows any injury, or other troumatic events.		Conditions, if any gave rise to im couse (a), stati	mediate ing the	(b)_	R AS A CONSEQUE		DEFASTATI	<u></u>
on w that that d by lease ial, cr	1.5	underlying caus	e last.	(c)_			CANCER	0
CORDS, 201	NOIL						NOT RELATED TO THE T	ER/
VITAL RECOR	CERTIFICATION	19a DATE OF OPERA				OPERATIO	N WAS PERFORMED	
SION OF VITAL I		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	AIN	DF INJURY .M. MONTH D/ .M.	YEAR	21c. HOW INJURY OCC	UF
DIVISION O DIVISION O HING PHYSIC After this cert os the buriol lith and Ment	MEDICAL	21d INJURY OCCUP	HILE		OF INJURY REET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	
DIVI R ATTENDING hospital or att RECTOR: After red for use os the spt of Health or rem 21 is marke		22a.1 certify that (I saw the decea above, (I) (we)	sed alive a		20 11/19	87_,0	nd that in (my) (our) apin	ion
AL OR HE HOLE POR HE DIRE POSTER POST		22h SIGNATURE	0-	Delu		one	DEGREE ATTENDING PHYSICIAL	07
HOSPITA med by HUNEL wide bed Time Sto	1	22d. PHYSICIAN'S N	JAME (TYPE	OR PRINT)			22e ADDRESS 54!	54
		Stanley	7 A. S	chwartz	, M. D.		Bet	
O 4 2 3 3 4	23a	BURIAL, CREMATION	, REMOVA	23b DATE	23c. 1	NAME OF C	EMETERY OR CREMATO	RY

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

4-14-87

Richard Rapp, Incoress

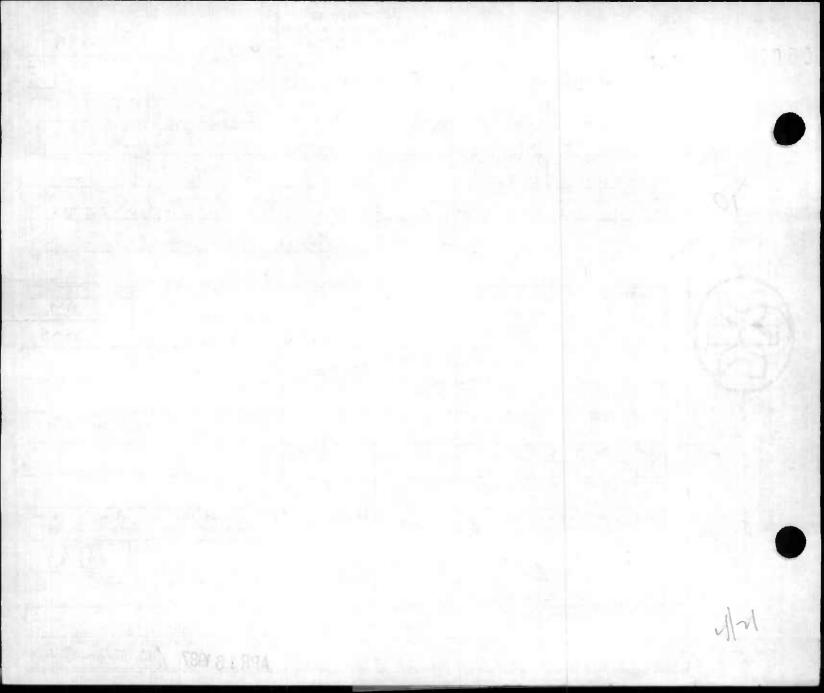
	TATE OF MARYLAND						
	OF HEALTH AND MENT	AL HYGIE	NF				
	TIFICATE OF DEAT		8 / REG. N	0	9	3 4	
	Thompso	n	DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
Th	ompson		April 12,	1987		6:55	P
	TE OF BIRTH	6	AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 74 H	_
	nuary 8, 19	EAR 12	45		DAYS DAYS	HOURS M	AIN.
TRY?		_ 9	BALTIMORE CITY	YRS.	OF DEATH		
	RRIED X NEVER MARR		Montgomer	v Coun	H-17		MD.
IRSING HO	ME OR OTHER INSTITUT	ION I	20 USUAL OCCUPAT	ION	125 KIND O	F BUS!NESS	-
n Roa			Housewife		Own 1	home	
SEFORE ADMISS	ION)	1			1 OWIT 1	TOME	_
iown sda	YES TX NO		3eSTREET ADDRESS 4910 James		- A -	20816	
sua	15 MOTHER'S MA			COWII R	Jau /	20010	-
	FIRST		MIDDLE		LAS		
rk SECURITY N	Marjo	rie	ADDR	ESS	Mowa	LL	
		r mb.			13		
-6726	Richard	L. The	ompson, s	ame as		IMATE INTERVAL	
o, and ici	HOOM				BETWEEN	1 10 mg	ith_
EOUENCE C	DF.					0	_
	METAGRA	TIG	CANCEN			DAT:)
EQUENCE C	OF .						
	CANCEA	OF	BNE	ast			
TO DEATH	BUT NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	NDITION GIVE	N IN PART 1	0	
HICH OPERA	ATION WAS PERFORME		200 AUTOPSY?	205 IF YES,	WERE FINDING CAUSES	GS USED	
			YES NO	YES		NO [
DAY YI	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT OR PART 2)		
	19						
FICE FARM ETC	211 LOCATION		CITY OR 10	OWN	COUNTY	STATE	E
FICE PARM ETC							
om	3/8) 19	81	_, to	2	9 8)	that (I) (we)	lost
19 87	, and that in (my) (aur)	opinion de	oth occurred on the c	fate and have	and from the	couses stated	d
4.4	DEGREE				22c DATE	SIGNED	
1000	of Am ATTEN	DING	MEDICAL STA		4/	13/87	
	1224 ADDRESS	- 1			#835		
		Bethe:	Wisconsin sda, MD	20815	, 4033		
23c. NAME (OF CEMETERY OR CREM		23d LOCATION	20010			
	t Cemetery		CITY OR TOWN	aels,	Marria	STATE	ê
		250 DATE	REC'D. BY REGISTRA	256 REGISTR	AR'S SIGNAT	URE _	
ESS DC	20009		APR 1 6 198		Derider		48
, DC	20009		HLU I D 190	7 /1	-		

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR 1804 T Street, nW, Washington,



DHMH

(VRA 15, 4)

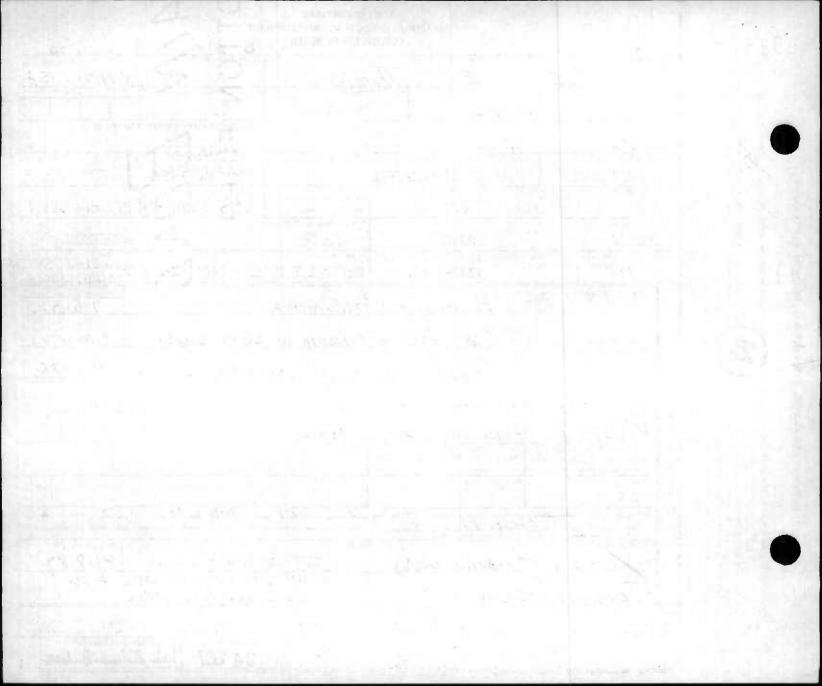
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	STA	TE	OF	M.	ARYL	AND	
EPARTMENT	OF	HE	AL	TH	AND	MEN	T

STATE OF MARILAND										
DEPARTM	ENT	OF	HEA	LTH	AND	MENTAL	HYGIENE			
	CCI	DTI	ELC	ATE	OF	DEATH	0			

124		FOR STATE , REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
Au I		CEASED NAME FIRST	MIDDLE LAST				REG. NO. 2 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
		OR PRINT)		=	71	1000	L/	10 1900 -7 15		
	3. SE)	LEE	I4. RACE	E	100	m 1-3011	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H		
	J. 5E)			7 111	5. DATE OF BIRTH MONTHLY 5 DAY 1903 SEAR		and the second s	MONTHS DAYS HOURS M		
	7. D.	MALE RTHPLACE (STATE OR FOREIGN		CAUCASIAN 76 CITIZEN OF WHAT COUNTRY?		Ly 5 1905	9. BALTIMORE CITY OR COU	RS. DEATH		
2	(OUNTRY			MARRIE	D NEVER MARRIED	5. BALTIMORE CITT OR COC	NITT OF DEATH		
2		TOWA .	U.S.A		WIDOWE	DROTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS		
28		SILVER SPRING	HOLY	CROSS HOS	SPITAL	SK OTTER HASTITUTION	FARM MACHINER			
3	13a. S	AL RESIDENCE (IF NURSING HOME C TATE 134 COL WAPI	OR OTHER INSTITUTION UNITY ELLO	GIVE RESIDENCE BEFORE	E ADMISSION)	YES NO	138 STREET ADDRESS / ZIP C	EP STREET /5250		
24		THER'S NAME ERNEST	MIDDLE	THOMPSON		15. MOTHER'S MAIDEN NA	ME	ANDERŜON		
1	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	SILVER SP		
	0	(IF YES, G	IVE WAR OR DATES)	707-10-8	3686	BETTY LEE VA	DEN 2608 URBA	NA DR. MD 2090		
		18 CAUSE OF DEATH (Enter of	only one couse pe	ne for (o), (b), on	nd to all	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
Ď.		PART I. DE ATH WAS CAUS	1 WEXK							
, or other trou		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	l Ick	PRAS A CONSEQUENCE AND A CONTRIBUTING TO	ENCE OF	RUTINE PU	LEFT LUNG LIN OVARS/ DISE			
lory	Z	HVA		Ι Δ ~			0	Dismiss		
71	ATIC	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	ON WAS PERFORMED		FYES, WERE FINDINGS USED		
5	IFIC	4/12/87	PERT	FORFET 6	KSTOI	Le CLED	YES T NOT	ERTIFYING CAUSES OF DEATH?		
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		OF INJURY	1D/KI	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE			
EU		OR CONTRIBUTING CAUSE OF D		A,M. MONTH D. P,M.	AY YEAR					
o o o o	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, I		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
o E	22a.I certify that (I) (this heapitel) attended the deceased from APRIC 8 , 1987 , to APRIL 8 , 1982 , that (I) (A) lost									
2	sow the deceased olive on APT 19 7 , and that in (my) (a) opinion death occurred on the date and hour and from the causes stated above. (I) (we) taken (did not) view the body after death.									
ea ea	obove, (I) (we) (did not) view the body ofter death. DEGREE									
		Danal.	(12) A				MEDICAL STAFF DIRECTOR PHYSICIAN	4/10/82		
Z		THE PERSON YEAR AT YEAR	OMERINT)	wind	<u>b</u>	22e ADDRESS ILIX PT	O PHYSICIANS LANE #232			
		JAmes A	120	n mil		Poss	- 1	Pro m 25		
		WINES 19.	MESICI			TOUR	VILLE MD 70	000		
1	22- 5	UIDIAL CREMATION DESCRIPTION	1 224 0 475	22. (NIAME OF	EMETERY OR CREWATORY	224 LOCATION			
1		BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	WADELLO TOWN		
-	B	surial, cremation, remova Spec(4y) URIAL Uneral director	APRIL			CEMETERY	23d LOCATION OTTUMWA TE REC'D. BY REGISTRAR 25b. RE	WAPELLO IOWA		



5017	7 170		FOR STATE REGISTRAR		DEPARTN	STATE OF MARYLA SENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIE	REG. NO.	1936
oy be	71111		CEASED NAME NOT 1	dred	M. Kre	Thompson		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR /724 M
ge 4 mo)		3 SE	Female.	White	•	DATE OF BIRTH	1902	AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0 P	@/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER M	AAPPIED T	BALTIMORE CITY OR COUNTY	OF DEATH
eoth.	16		hamas.	PERM. A	PES. U.S.A.		VORCED [Montgomery.	MD.
ofter of	85	10.C	ty or town of death ckville.		HOSPITAL, NURSIN CHEACHLITY, GIVE STREET A	GHOME OR OTHER INST	HOSO.	12 USUAL OCCUPATION	126 KIND OF BUSINESS OR
AND 2120	35	13a. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTMontg	13c. CITY OR TOW	13d INSIDE CI	NO []	36.STREET ADDRESS / ZIP CODE Russell	Ave. 20877
e, MARYLY	(53	14_FA	Samuel Johns	O'IILE.	LAST	15. MOTHER'S Emmy	FIRST	MIDDLE Beth	el. IAST
IMORE,	medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	216-58-			r Marlboro. M n C. Thompson	d. . 308 Benning
ST., BALT	emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	54,	BETWEEN COMPTAND DEATH				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PROTECTION The formed that the death certificate be executed within 24 hours of any protection and completely filled in by	Nen please remove corbo to turiol, cremotion, or r qury, or ather traumotic		Conditions, if ony, which gove rise to immediate	DUE 10, 0	ACUTE ACONSEQUE	NCE OF Mycardi	tal inf	arction	15 min
Hot is			couse (o), stoting the underlying couse lost.	DUE TO, C	Arteri	osclerotic	Ideart	Disease	?
NOS, 2		Z	11	_	essen ti	EATH BUT NOT RELATED	TO THE TERMIN	IAL DISEASE OR CONDITION GIV	EN IN PART Tra
he low re	9	CERTIFICATION	190 DATE OF OPERATION			OPERATION WAS PERFOI	RMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
OF VIT. ICLAN: T g physic artificate	9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A			JURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
IVISION	rhed or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	211 LOCATIO STREET)N	CITY OR TOWN	COUNTY STATE
TENDIN pitel or	21 is mid		220.1 certify that (1) (this hasp saw the deceased alive at above (1) (we) (did) (did no	10 4	1.4	Dan 14	, 19 <u>83</u> (our) opinion de	oth occurred on the date and hou	19 27 that (1) (we) lost on ond from the couses stated
本 3 岩	H P P P		226. SIGNATURE	7	y chief death.	DEGREE			22c. DATE SIGNED
TAL D	2 to 15	1	and	JUV	loss	MDP		MEDICAL STAFF DIRECTOR PHYSICIAN	4-9-87
E D 111	1 m 4 /		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	S		

roore Jr.

23h: DATE

207 Brookes Ave Gaithersburg md.

23d LOCATION
CITYORTOWN
Bladensburg

Lincoln

ral Home

CAPR

DHMH - 16 60M 7/84 (VRA 15, 4)

L ng66) in the . The manderer . - white not be transfer . - swa fir-all . Teffits AND AND STREET, AND STREET, ST

1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE	7 REG. NO.	19	3 7
	CEASED NAME	Ethel		arie	7	40 MSEN	20. DATE O		28 87	26 HOUR 953 M
3. SE	x bemale	1 "	race Caucas	ian	5. DATE C			YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OF COUNTRY). RENTUCKY		U.S.A.	WHAT COUNTRY?	II. MARRIEI WIDOWE	NEVER MARRIED		MONT C	ONER	eV MD.
5,	IVER SON	ING	HOL HOL	H FACILITY, GIVE STREET	ADDRESS)	H6 SP	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKING Maker	LIFE) 126. KIND O INDUSTRY homem	
	al residence of NU STATE Jaryland	13b, COUNTY Montg		SILVET S		134. INSIDE CITY LIMITS?	1385785	ASPRESENT WAY	E Terr.	2091
14_F/	Albert	MIC	DUE	McCarth	ıy	15. MOTHER'S MAIDEN P		WIDDIE	Lede	
	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME		579-05-7		17 INFORMANGIAUGI Carole Kili			Hermleig Spring,	
	Conditions, if an gove rise to in count (a), stall underlying cou	nmediate ing the	DUE TO, O	R AS A CEMBEQUE	40	e burli	ujtu.	nio		
NO NO	PART 2 OTHER SIG	SNIFICANT CO	-	LOW O	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION G	IVEN IN PART 110	
CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
	710. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	71b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCC	JRRED (ENTER	NATU IN ITEM TE	3 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCU	VHILE	21e PLACE ((AT HOME, SIR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a. I certify that (saw the deceded above, (I) (wg) 22b. SIGNATURE)		4-	198		od that in (my) (aur apinio	MEDICA			/ /
1	224 PHYSICIAN'S	NAME (TYPE OR PI		6)		PHYSICIAN 270 ADDRESS	3 DIRECTO	Persona G	Toe - S	1896

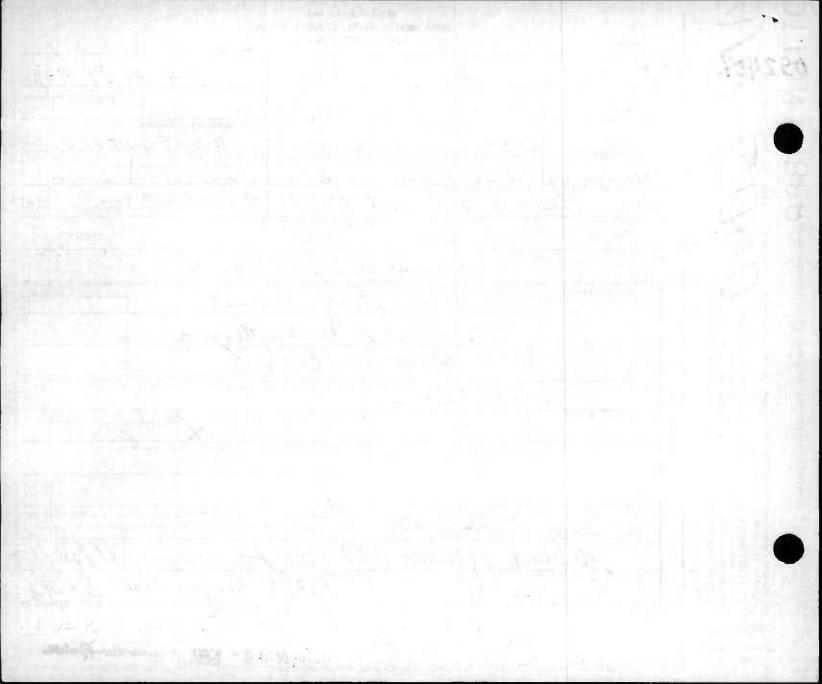
DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL burial

Apr. 30, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blud. West, Silver Spring, Md. 209MAY 4

REGISTRAR 256. REGISTRAR'S SIGNATURE



05019

by the funeral director, page 3 filed within 72 hours ofter death

should be detoched for use as the burial-transit permit. Then please remove carbanabee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR:

(VRA 15, 4)

TO HOSPITAL

IMPORTANT: If Item 21 is

				SIAI	E UF MAKTLAND				
1	FOR STATE		DEPAI	RTMENT OF I	HEALTH AND MENTAL HYC	GIENE			
CO	REGISTRAR			CERTII	FICATE OF DEATH	8 /		9	38
1. DE	14. 14.	851	MIDDLE		LAST	REG. N	MONTH DA	AY YEAR	2b. HOUR
	E OR PRINT)		7.1			THE DATE OF DEATH	11/10/	10-	254
	Edr		1115/84				04/46/	87	1801
3. SE	X	4. RACE	,	5. DATE		6. AGE (IN YEARS LAST BIR		E UNDER I YEAR	
		W		MONT		MA		ONTHS DATS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREH		N OF WHAT COUNTR	2Y2 8		9 BALTIMORE CITY C	P COUNTY O	DE DE ATH	
	COUNTRY	10. 011.21		MARRIE	D NEVER MARRIED	, , ,	<u> </u>	1	
-	Virginia	U		WIDOW		Montgor		-0.	M
10. C	ITY OR TOWN OF DEATH		TE OF HOSPITAL, NUR IT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
1	Jethesda.	5	schurba	of Ho	sental.	Homemaker	· VORKING EIFE)	INDUSTRI	
	AL RESIDENCE (IF NURSING H				Pila				
130		tg.	Garrett		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	2000	
11.5		cy.	Garreco	- Palk	YES NO		ra st.	2089	0
LL F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST.
	William		Phillip	ps	Louella		S	isk	
	WAS DECEASED EVER IN L			CURITY NO.	17. INFORMANT	ADDRE	SS		
- (YES, GIVE WAR OR D							
\vdash	No		1577-24-		Mr. Robert	Tinsley -	Same_a		
	18. CAUSE OF DEATH (E. PART I. DEATH WAS		use per line far (a), (b),	ond (c).				BETWEEN	ONSET AND DEATH
		AEDIATE CAUSE	(a) Carcin	100M	atoris			14	1
		DUE	TO, OR AS A CONSEG	OUENCE OF		1			
	Conditions, if ony, wh		a a sail	lon	Corcinomo	at lite	rus	2.	40
	gove rise to immedia	ote	10)	1					1/ 3
		the DUE	TO, OR AS A CONSEC	DUENCE OF					
		_ ((c)						
7	PART 2. OTHER SIGNIFIC	ANT CONDITIC	NS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART LI	a
0									
S	19a DATE OF OPERATION	19b. (CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
E						YES T NOT	YES	ING CAUSES	NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLY	ING 21b. 1	IME OF INJURY		21c HOW INJURY OCCUR				,,,,
	OR CONTRIBUTING CAUSE	OE DEATH HO	UR A.M. MONTH	DAY YEAR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Š	(IF EITHER, NOTIFY MEDICALE)		P.M.	19					
MEDICAL	21d INJURY OCCURRED	(ATH	PLACE OF INJURY	CE. FARM. ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
~	AT WORK NOT WHILE					1 .			
	220.1 certify that (1) (this	haspital) atten	dept the deceased from	m 14	84 19		7 10	9	that (1) (we) los
	saw the deceased of		18 19	, a	nd that in (my) (aur) apinion	death occurred on the de	ate and hour		
	abave, (1) (we) (did) (22b. SIGNATURE	did nat) view the	Body after death.		DEGREE			22c DATE	
	LITERMA	MILA	00/00		ATTENDING	MEDICAL STAI	FF	il one	2/17
	che a M.	TVC	A) (C-		VM) PHYSICIAN	DIRECTOR PHYSIC			TIXT
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS				

volce

Remova1

23c. NAME OF CEMETERY OR CREMATORY

Kensing for Md

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

23d LOCATION CITY OR TOWN COUNTY STATE

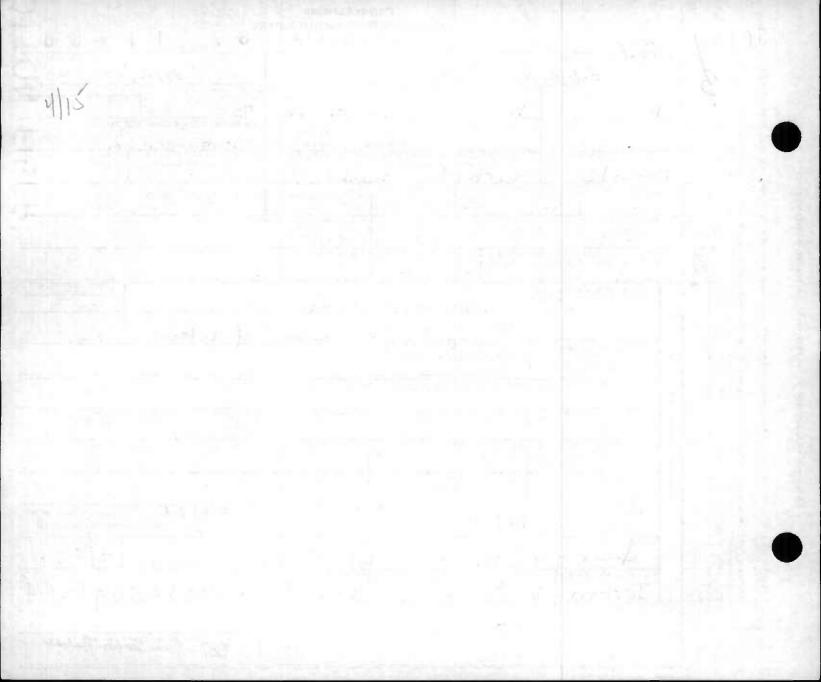
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

State Anatomy Board

4-8-87

Balto., Md.

APR 1 0 1987 Julia Dieses Signature



STATE OF MARYLAND

t .					
3	1	250 NO	9	3	9
	-	REG. NO.			

Elmwood, Long Island, NY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

		F HEALTH AND MENTAL HYG FIFICATE OF DEATH	8 / REG. NO.	1939	
FIRST MI	DDLE	LAST	24. DATE OF DEATH MONTH	OAY YEAR 26 HOUR	
Lena	Uchit	elle	April 21,	1987 6:20A M	
4 RACE		TANK DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
		July 14, 1896	90 YRS		
U.S	·A · WIDO	WED DIVORCED	Montgomery	MD.	
(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Home		
RSING HOME OR OTHER INSTITUTION, G 13b. COUNTY MONE •	INCRESIDENCE BEFORE ADMISSING CHEVY Che	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	20815	
WIDDLE	Reiss	15. MOTHER'S MAIDEN NAM	WE	Blaser	
R IN U.S. ARMED FORCES?			ADDRESS	em # 13	
WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR y, which mediate ling the lie lost. DUE TO, OR	AS A CONSEQUENCE O	F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /// /// /// Clays GIVEN IN PART 1/0	
ATION 196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED		YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \(\text{ NO } \)	
CAUSE OF DEATH HOUR A.M	. MONTH DAY YE	AR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
VHILE THOME STREET		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	(n c)	, and that in (my (our) opinion (thou (we) lost our and from the couses stated	
us Bow	Sly 1	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Apr. 21, 198	
H. Brodsky M		4701 Willard		hase, MD	
	A RACE White REFOREIGN TO CITIZEN OF W. U.S. EATH 11. NAME OF HI. (IF NOT INSUCH 8101 MIDDLE RINUS. ARMED FORCES? IF YES, GIVE WAR OR DAIES) WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR ONLY, which Immediate Ing the Senificant Conditions Co. ATION 19b. CONDIT ONLY ATION 19b. CONDIT ONLY ATION 19b. CONDIT ONLY ATION 19b. CONDIT ONLY ONLY	Tena 4 RACE White 8 FOREIGN 4 RACE White 8 FOREIGN 7	Uchitelle A RACE	INTERIOR MADRE INTERIOR WHITE INTERIOR WHITE	

Beth. David Cem.

Sons, Inc.

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

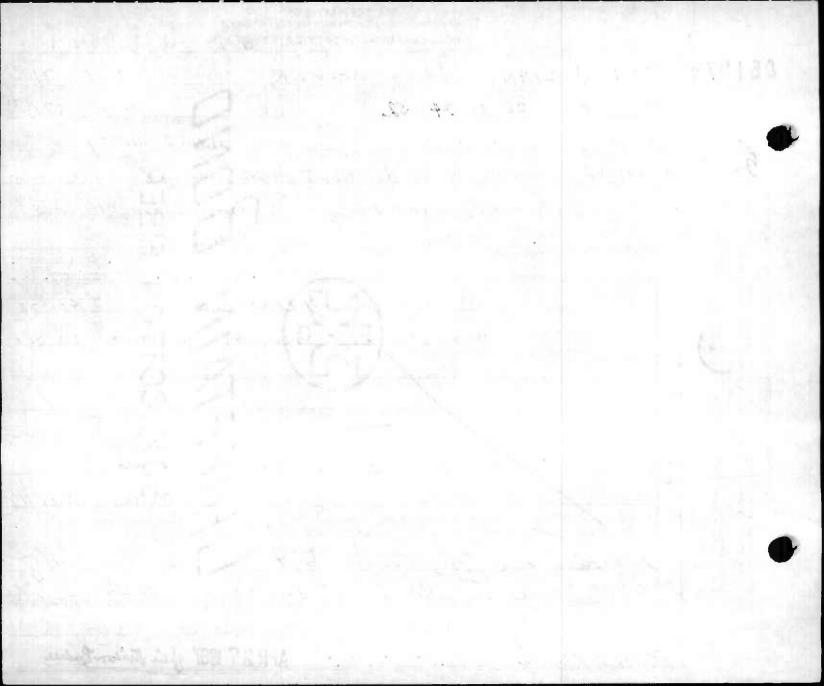
NERAL DIRECTOR Joseph Gawler's 5130 WI Ave. NW Wash., DC

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The party named that he is not the real party of the state of the Both I sto I a with the S The content of the property of the



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men director, page 3

STATE OF MARYLAND

D

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CFI	RTIFICATI	E OF DEATH	92

	1	REG.	NO.		9	4	2
DATE	OF	DEATH	MONTH	DAY	YEAR	2 b	HOUR

(TYPE OR PRINT) Ali	FIRST			REG. N		
Ali		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	ice	P.	Walter	April	23, 1987	2:00P
3. SEX	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YE	AR IF UNDER 24 HR
Female	Caucasi	an	May 15, 1906	80	YRS. DAY	5 HOURS MIN
TO BIRTHPLACE (STATE OF FORE		WHAT COUNTRY?	1	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Maryland	United	States	MARRIED NEVER MARRIED &		ery County,	
10 CITY OR TOWN OF DEATH			HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI		OF BUSINESS C
Bethesda		ch FACILITY, GIVE STREET AD rban Hospi		Homemaker		Home
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	. GIVE RESIDENCE BEFORE A	DMISSION)		•	
	Monty	13c. CITY OR TOWN		13e STREET ADDRESS	ZIP CODE d Drive/ 20	817
Maryland	Montgomery	Bethesda	YES NO L		d DIIVE/ 20	017
FIRST	MIDDLE	LAST	FIRST	MIDDLE	A	tin
Elmer	В.	Walter	Agnes	Mae		
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUR		Melvin SADDR		
No	-	217-36-71	.54 5919 Walton	Road, Bethes		
18 CAUSE OF DEATH	Enter only one couse pe	r line for (a), (b), and		10-0	APPRI	OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DEATH WAS	MEDIATE CAUSE (0)	meu	monda hed	A failure	1	week
	CANT CONDITIONS C	ONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART	110.
=	IN TIPL CONF	ITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINE	
190 DATE OF OPERATIO	IN CONE				IN CERTIFTING CAUS	ES OF DEATH?
190 DATE OF OPERATIO				YES NO X	YES 🗌	ES OF DEATH?
210. ACCIDENT WAS UNDERL	LYING . 216, TIME C	OF INJURY .M. MONTH DAY	YEAR 21c HOW INJURY OCC	YES NO X	YES 🗌	ES OF DEATH?
OR COMPRESSION CALL	LYING 216. TIME C HOUR A EXAMINER) P	.M. MONTH DAY	YEAR 19		YES 🗌	ES OF DEATH?
OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRED	LYING 21b, TIME C HOUR A EXAMINER) P 21e PLACE (AI HOME ST	.M. MONTH DAY	YEAR 19 21f. LOCATION		YES	ES OF DEATH?
OR COMPRESSION CALL	LYING 21b, TIME C HOUR A EXAMINER) P 21e PLACE (AI HOME ST	.M. MONTH DAY .M. OF INJURY	YEAR 19 21f. LOCATION	URRED (ENTER NATURE OF INJU	YES	ES OF DEATH?
OR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICAL) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (I) (No.	21b, TIME C HOUR A EXAMINER) 21b TIME C HOUR A 10c PLACE (AT HOME, ST	.M. MONTH DAY .M. OF INJURY RREET, FACTORY, OFFICE, FAR	YEAR 19 21f. LOCATION STREET	URRED (ENTER NATURE OF INJU	YES	ES OF DEATH? NO
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OR CONTRIBUTING CAU (IF ETHER, NOTHY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK 220 I certify that (I) (Ma sow the deceased a above, (I) (Ma) 22b. SIGNATURE	21b. TIME C HOUR A EXAMINER) 21c. PLACE (AT HOME. ST Olive on 4-2 (did not) view the body	M. MONTH DAY M. OF INJURY OF INJURY REEL, FACTORY, OFFICE, FAR the deceosed from 3 y ofter death.	YEAR 19 21f. LOCATION STREET 19 7 , ond that in (my) (one) opinion	URRED (ENTER NATURE OF INJU	YES RY IN ITEM 18 PART I OR PART 2 OUNTY COUNTY 19 21c. DA	ES OF DEATH? NO
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OR CONTRIBUTING CAU (IF ETHER, NOTHY MEDICAL 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (Machine and Machine Sow the deceased and obove, (I) (machine and Machine 27th. SIGNATURE 27t	21b. TIME CHOR A EXAMINER) 21b. TIME CHOR A EXAMINER) 21c. PLACE (AT HOME, ST Olive on (did not) view the body E (TYPE OR PRINT) Westphal,	M. D.	2H. LOCATION STREET 2, ond that in (my) (my) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 809	URRED (ENTER NATURE OF INFU CITY OR TO TO TO TO ON MEDICAL STA XX DIRECTOR PHYSIC Viers Mill R CVILLE, Maryl 123d, LOCATION	PY IN ITEM 18 PART I OR PART 2 OWN COUNTY 19 270. DA FF. LOAd and	ES OF DEATH? NO
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7557 Wisconsin Ave., Bethesda, MD.

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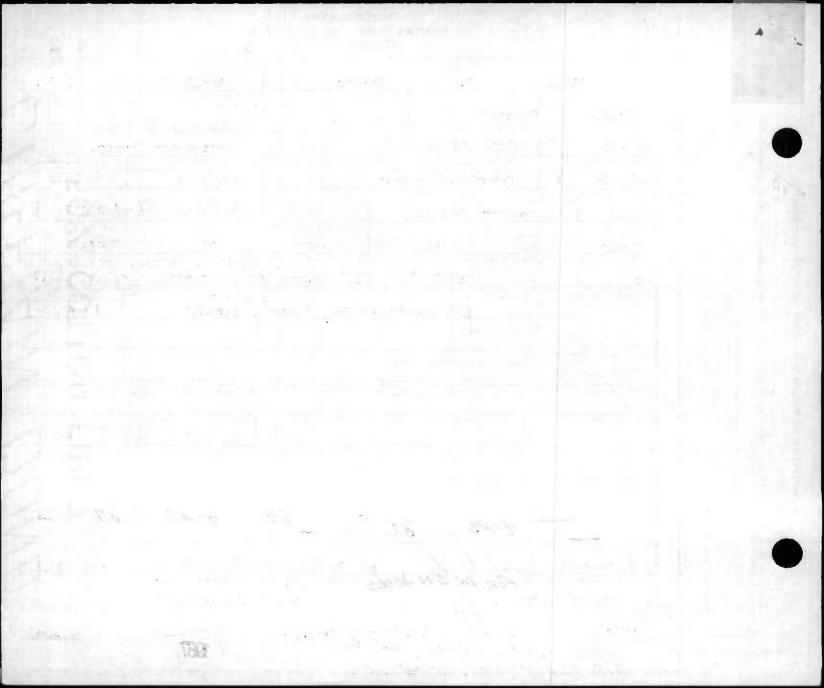
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and eshabled be detacked for use as the buriol-transit permit. Then please remove cortion adopting Fages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital or attending physician.

BP.

(VRA 15, 4)

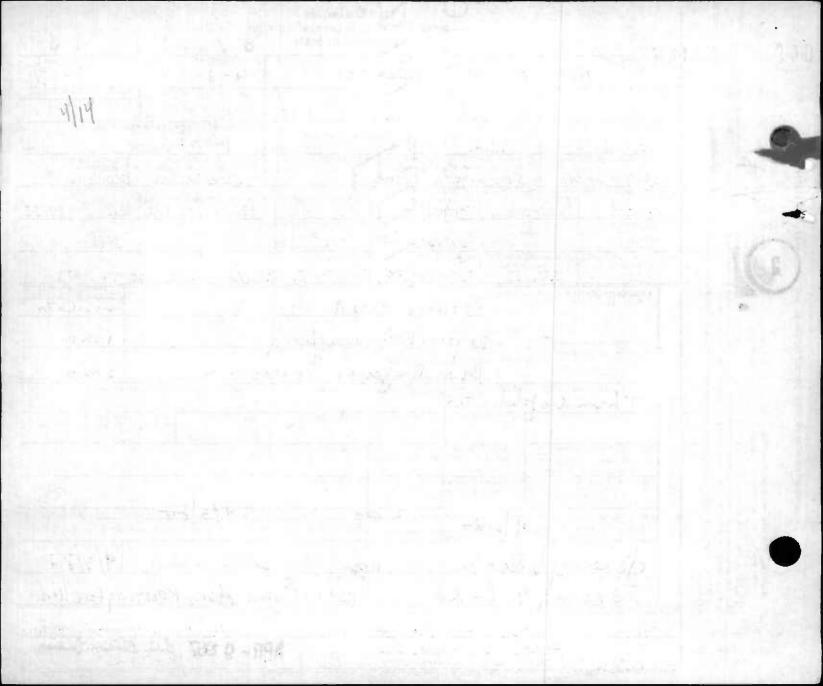


poge 3	TYPE	HARO	LD	M	IALT	ERS	4-3-
0 5	3. SE.	Х	4. RACE		5 DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST I
ector.		male	Caucas	ian	Oct.	7 1919	67
n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY MON
20	10 C	BETHES DA	11. NAME OF	HOSPITAL, NURSING CH FACILITY, GIVE STREET A	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Stockby
adison pe	130. S Ma			Rockvill	N I	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4508 Aspe
expenine		ather's Name Floyd	WIDDIE	Walters		15. MÖTHER'S MAIDEN NA Lillian	WIDDIE
medica			RMED FORCES? IVE WAR OR DATES! V. II	154-01-6		17 INFORMANT Dorothy E. Wo	alters wi
been signed by the attending mit. Then please remove carbo prior to burial, cremation, or re ony injury, or other traumatic e	CATION	gove rise to immediate cove (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO D	O BEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO
hos me	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	110110 1	OF INJURY	V YEAR	21c HOW INJURY OCCU	YES NO
e as the burial-transit alth and Mental Hygie marked or Item 18 sha	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE	.M. OF INJURY IREET, FACTORY, OFFICE, FA	19	211 LOCATION STREET	CITY OR
of He 21 is		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	1 2	87 19	, on	d that in (my) (our) apinion	deoth occurred on the
TO FUNERAL DIREC should be detached with the State Dept.		220 PHYSICIAN'S NAME (1) VE	OFFRINT)	he oble	<u> </u>	ATTENDING PHYSICIAN 1776 ADDRESS	MEDICAL ST DOTRECTOR DPHYS
* 3 <u>\$</u>		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CE	METERY OR CREMATORY	234 LOCATION
		Pun in P	A.n.	1007 Day	la P muses	Comotoku	Dachuit

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(VRA 15, 4)

Film G626 item 22a 4/29//87 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L'DECEASED NAME 20. DATE OF DEATH MIDDLE 26 HOUR 8-7 IF UNDER 1 YEAR BIRTHDAY) IF LINDER 24 HRS YRS OR COUNTY OF DEATH Jaomery TION 126 KIND OF BUSINESS OR INDUSTRY OF WORKING LIFE oker Stock Market s/ZIP CODE en Hill Rd. 20853 Jackson same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH medento NDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [JURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE __ that (I) (we) last date and hour and from the causes stated ICIAN [24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blvd. West. Silver Spring.



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ctor, po	3. SEX	EMALE	BLACK	5. DATE OF E	BIRTH DAY JEAN	6. AGE (IN YEARS)		II DI ODER I TERR	# UNDER 24 HI
Of the state of th	7a. Bi	OUNTRY TOU DC TY OR TOWN OF DEATH	CITIZEN OF WHAT COULD A. I. NAME OF HOSPITAL, N	MARRIED WIDOWED	NEVER MARRIED DIVORCED OTHER INSTITUTION	I 120 USUAL OCCI	N 7 S	OME!	RY
21201	S USUA	IN ER SPRING LE RESIDENCE IN NURSING HOME OR O		E BEFORE ADMISSION)	HOSPITA		WI PE	NOT	1E
E MARYLAND See of Collect		THE SNAME ALBENT R	1	ea spains	MOTHER'S MAIDEN	14212.	North	CALE LAST	Dai
LECTION OF STREET SE STREET STREET SE STREET SE STREET SE STREET SE STREET SE STREET ST		ES, NO OR JINKNOWN) (IF YES, GIVE V 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), BY:		0	-1_	Shing Ton	APPROXIMA	BA UC ATE INTERVAL USET AND DEAD
5, 201 W. PRESTON ST ore, that the death cert gred by the otherding in please timose carbon in please timose carbon in please transactic e- ry, or other troumatic e-		Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON	SEQUENCE OF SEQUENCE OF	menia,	sopto con	CONDITION GIVE	Λ	
AL RECORD The law region The law region And the perior to Cover day injuly	CERTIFICATION	(LALE BOOV	196 CONDITION FOR V	CC1 closed which operation w		VES NO	20b. IF YES, IN CERTIFY	WERE FINDING	
TISION OF VIT PHYSICIAN: trending physic trens certifical the buriol-tran and Mental Hyg ed or frem 18 th	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (BE EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, G	H DAY YEAR	TIE HOW INJURY OC TIE LOCATION STREET	CURRED (ENTER NATURE C	OF TOWN	(COUNTY	STATE
DIVO A TTENDING hospitol or of RECTOR: Afte ed for use os pt. of Health em 21 is mork		220.1 certify that (I) (this hospito saw the deceased olive on _ obove, (I) (we) (did) (did not) 220. SIGNATURE	4/26/	_19_ <u>87, ond</u> (that in (my) (our) opi	nion deoth occurred on	the date and hour		
TO HOSPITAL OR TO FUNERAL DIR should be detoche with the Stote Dep		22d PHYSICIAN'S NAME (TYPE ORI	Olu VAID		ATTENDIN PHYSICIA IZe ADDRESS	ng medical properties of properties of the medical properties of the m			4
Tetoin Should Within	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		NETERY OR CREMATO	ORY 23d LOCATION	j	COUNTY AA	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2b HOUR

_, that (I) (we) lost

Items 5,6 FilmG627 5/13/87jab
FOR
1-STATE
DEP

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	/GIENE
	CERTIFICATE OF DEATH	8 / REG. NO
DDLE	LAST	20. DATE OF DEATH MONTH
	WATKINS	April 28,
	S DATE OF BIRTH	A AGE LIN YEARS LAST BIRTHDAYS

01 1110	1, -	STATE			FICATE OF DEATH	GIENE	1 1	0 1 2
O S TAI	1 25	REGISTRAR			TAST	O / REG. N	-	7 4 3
e 4		CEASED NAME FIRST	MIDDLE			20. DATE OF DEATH		YEAR 26 HOUR
r death		LeRoy	W.		TKINS	-	8, 198	
fer b	3. SE	X	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6 AGE IN YEARS LAST BI	(THDAY) IF U	UNDER I YEAR IF UNDER 24 HR
ecto Jrs o		Male	White	Dec		90	YRS.	
Page 400	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH
0	1	Maryland	America			Montgom	ery Co	unty A
led with the same	10 €	Olney	(IF NOT IN SUCH FAC	LITY, GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer		126. KIND OF BUSINESS C INDUSTRY Dairy
35	13a. S	AL RESIDENCE IN NURSING HOME STATE 13b. CC aryland N	DUNTY 13c.	RESIDENCE BEFORE ADMISSION CITY OR TOWN arksburg	13d, INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 24100 Str	/ ZIP CODE	20871
15	D.	ATHER'S NAME FIRST ATTELL Web	MIDGLE Wa	itkins	Vertie	AME MIDDLE	Mu	llinix
15		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO	17 INFORMANT	ADDR	11735	Hawks Rd.
a e		No	21	7-36-686	Carroll W.	Watkins	Clarks	burg. Md.
#		18 CAUSE OF DEATH (Enter	anly ane cause per line					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAL	JSED BY:	ncinoma	of prostate u	utto metasi	agis	2 yrs
ematian, er traum		Canditions, if any, which gave rise to immediate cause to, stating the	(b)	A CONSEQUENCE OF				
ol, cr r oth		underlying cause last.	[c]					
in to burning, o	NOI	PART 2 OTHER SIGNIFICAN	selecces	abliter	T NOT RELATED TO THE TER	minal disease or con	DITION GIVEN	IN PART 1:0
ows ony	TIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATI	on was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH?
Hygie 18 sho	GR	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU			
atoli m		OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY YEAR	8			
ked or B	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN		21f LOCATION STREET	CITY OR TO)WN	COUNTY STATE
Han Han		22a I certify that (I) (this ha	ispital) attended the dec	eased fram	19 75	to Eps	29, 19.	97, that (1) (we) lo
n21 is			an not) view the bady after	death. 19 97	and that in (my) (our) apiniar	death accurred an the d	ate and haur ar	
chec Dept Iten		126 SIGNATURE	1 1	h-	DEGREE			220 DATE SIGNED
T. H		et rep	well 1	MATOME	M STENDING	MEDICAL STA		4/28/87
with the State		720 PHYSICIAN'S NAME (TY) Frederick		мъ	22e ADDRESS	v-Sandy Sn	ring.	Rd., Olne
should be with the IMPORTA	23a.	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d. LOCATION		Md.
		Burial	5/1/198			CITY OR TOWN	OFTE M	OUNTY STATE
	24 F	JNERAL DIRECTOR	3/1/190	Salei	n Cemetery	Germant TE REC'D. BY REGISTRAR		lontg. Md.
60M 7/84		lin L. Moles	worth P A	ADDRESS			1 200	. 0
5, 4)	L.		, north trans	· , Damast	-0,11d.	0 0 1301	- privides	n. Randall

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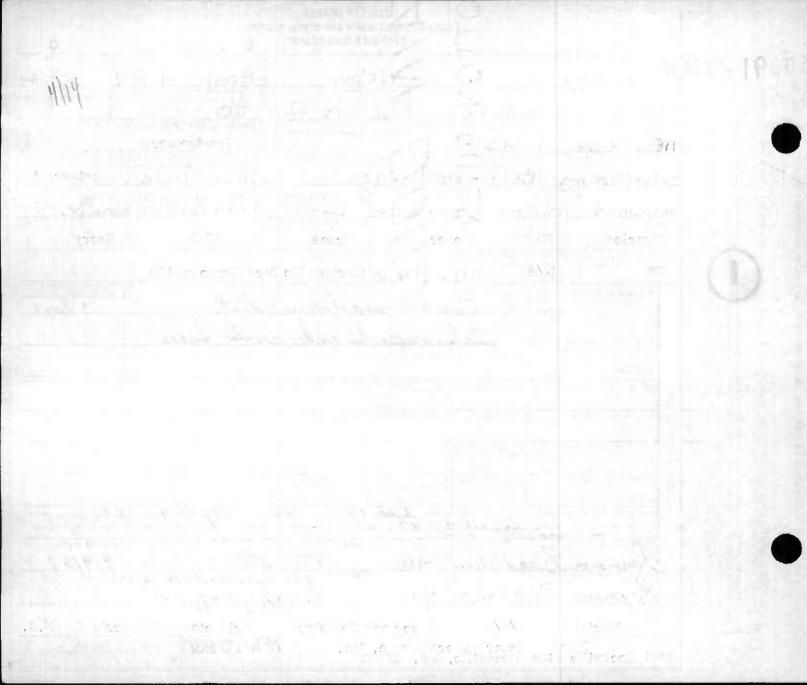
FOR STATE		DEP	ARTMENT OF H	IEALTH AND MENTAL HY	GIENE				
REGISTRAR			CERTIF	ICATE OF DEATH	8 /	REG. NO		9	4 6
DECEASED NAME FIRST		MIDDLE	ı	AST	20. DATE O	FDEATH	MONTH	DAY YEAR	26 HOUR
C-etra e		Α.	We	cher	Apr	18	4 8	27	1015 Am
3. SEX	4 RACE	100	5. DATE C		6. AGE IN	YEARS LAST BIRT		IF UNDER I YEAR	
male	Linkin	-0	MONTH	13 GG	188)	YRS	MONTHS DATS	HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.		9. BALTIMO	RE CITY OF		OF DEATH	
NEW Jerson	US	A	WIDOWE	D DIVORCED	M	ontgo	merv		MD
10. CITY OR TOWN OF DEATH			RSING HOME	OR OTHER INSTITUTION	12a. USUAL	OCCUPATIO	NC		OF BUSINESS OR
Silver Sovina	BEIP	CE UFO	119 6 -	re	DI OF WOR	er for most of	working Lif	73	taurant
130. STATE I 136. CO	E OR OTHER INSTITUTION	GIVE RESIDENCE I		1 13d. INSIDE CITY LIMITS?	Line STORET	ADDRESS /		_	2185
	int.	Same .	ellius	YES NO	iaac		_ 2	time	1000
14 FATHER'S NAME	110015			15. MOTHER'S MAIDEN NA				3 00 1-	4.7
Charles	NMN	Weber		Grace		NMN		Beri	ry
160 WAS DECEASED EVER IN U.S.		166 SOCIAL	SECURITY NO.	17. INFORMANT	11011	ADDRES	SS		
NO (IF YES	N/A WAR OR DATES)	142-	59-4418	Carolyn McC	ord Sa	me as	13e		
18 CAUSE OF DEATH (Enter		r line far (a), (b	l, gnd (cs.)		1	0		APPROX BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAU	USED BY: DIATE CAUSE (0)	Cere	burn	seular acc	ident				Blays
	DUE TO C	BAS A CONSI	OUENCE	1 1	0	1			,
Canditians, if any, which	(16)	laler	oseleso	tie cardiova	serlas	dist	RSP		
gave rise to immediate cause (0), stating the	1	R AS A CONSI	OUENCE OF			M M			
underlying couse lost.									
PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	EORCONE	ITION GIV	EN IN PART 1	0
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING									
5 190 DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES	, WERE FIND!	NGS USED
RILE					YES [NO		S [NO [
00 00017010170100	110110 4		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	ATURE OF INJUR	Y IN ITEM 18 P	'ART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM	DEATH	М.	19						
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAM		OF INJURY	FICE FARM FTC I	211 LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
WHILE NOT WHILE AT WORK				and the second			2		
220.1 certify that (1) (this ha			A =	18 1996		Egril	4	1987	that 🔑 (we) last
sow the deceased alive above, (I) (we) (did) (did	on	ofter death.	19 <u>87</u> , ar	nd that in (my) (our) opinion	death accurre	an the da	te and hou	r and fram the	causes stated
226, 8 GNATURE	2 1	0 -		DEGREE				22. DA1	SIGNED
Daymond O) rades	West 1	40	ATTENDING PHYSICIAN (DIRECTOR	PHYSICI		14/4	1/87
THE HYDICIAN'S NAME ITY	PE OR PRINT)	1/		22e ADDRESS 345	Univer	sity	Blud	w	1
Naymond 1	Drads	haw r	10	Silve	y Spri	n4!/	yd.		
230. BURIAL CREMATION, REMOV	AL 236. DATE		23c NAME OF C	EMETERY OR CREMATORY		ATION			
Burial	4/8/8	7	Overloo	k Cemetery	Brid	geton	Cur	nberlan	d N.J.

DHMH - 16 60M 7/84 (VRA 15, 4)

¹⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

Bridgeton Cumberland

BY REGISTRAR 256. REGISTRAR'S SIGNATURE www. Kandall



						STATE	OF MARYLAND					
	,	FOR			DEPART	MENT OF H	EALTH AND MENTAL H	YGIENE				
052200	. 1 *	STATE REGISTRAR				CERTIF	CATE OF DEATH	R	REG. NO.		9 4	1
4070014	I. DE	CEASED NAME	FIRST		AIDDLE	Ł/	157	7a. D	ATE OF DEATH MON	TH DAY	YEAR	26 HOUR
eo th		OR PRINT)	00	115	U	UE	155		APR	29	87	503 pm
od od	3. SE	(4	RACE		5 DATE O		6. AG	E (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
ector.		MALE		White		2 MONTH	6 13	7	4	YRS	HS DAYS	HOURS MIN.
4 92 5/6		RTHPLACE (STATE OR FO			WHAT COUNTRY?	MARRIET	NEVER MARRIED	9. BA	LTIMORE CITY OR CO	UNTY OF	DEATH	
10 11/2		Keesport, I		U.S.A.		WIDOWE	DIVORCED (IONTGOM	LERY	CC). MD.
18: 30	AE C	OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a L	USUAL OCCUPATION	KING LIEE IN	BL KIND OF	BUSINESSOR
· 1/11 100	S	IVER SPI	SING	HOLY	CROS		HOSPITAL	Bu	of work for most of wor	er 1	Liquor	Store
212 212	USU.	AL RESIDENCE (# NURSI	NG HOME OR O				IN A PAGE CONTRACTOR	. 1	TOTAL ADDRESS (ZID	CODE	1	11110
2 2 2		orida	Browa	_	13c. CITY OR TOW		13d. INSIDE CITY LIMITS!		TREET ADDRESS / ZIP 800 Roval 1		1777	7741
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	16	FIRST	M	IDDLE	LAST		FIRST		MIDDLE		LAST	
0 10 20		Cacharius			Wiess		Ella			Kle	ein	
Xec Xec		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			20817
B o o e		10			578-05-	6509	Jay Weiss:	Son: 6	414 Goldle	af Dri	ve:Be	thesda.M
ALT Sicio Pers ol.		18 CAUSE OF DEATH	(Enter only	one couse per								NATE INTERVAL
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ing cert			MMEDIAIL	CAUSE (0)								
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RES de de de de de de		Conditions, if ony, gove rise to imm		1 (6)	141	· V V I	700 10	120	1 00,000	4/1	,	
by the ose rei		couse (0), stoting underlying couse	lost.	DUE TO, DO	PANC	REP	472 C	ARC	LINOWA	-	18-	-20 May
res t pled pled		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL [DISEASE OR CONDITIO	N GIVEN A	PART Ita	
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requirantending physician. Wher this certhicate has been signs the burial-transit permit. They as the burial-transit permit. They can deed or them 18 shows any injury orked or them 18 shows any injury.	CERTIFICATION	ARTE	RIDE	CLEN	TIC H	EAN	DISTHY	5 -	- NON INSU	LIVI	HEM	ENT DA
bee bee	1/2	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		a AUTOPSY? 206	IF YES, WE	RE FINDING	GSTISED
ne per le la	표							VE	NI NOW IN	CERTIFYING YES	CAUSES	DF DEATH?
VITAL N: Th yssicio cote l consit Hygie Hygie	ER	21g. ACCIDENT WAS UND	RLYING []	21b. TIME O	FINIURY		21c HOW INJURY OCC	TURRED (ENITED NIATURE OF INHURY IN I		OP 8 4 97 21	140
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O to Change	23a E	URIAL, CREMATION, F	EMOVAL	236. DATE		NAME OF C	METERY OR CREMATOR	23	d LOCATION		1	
1 1 1 BP 4 9	Bu	rial		5/1/87	Oh	ev Sho	lom-Talmud	Torral	h. Was	hinet	on.D.	STATE
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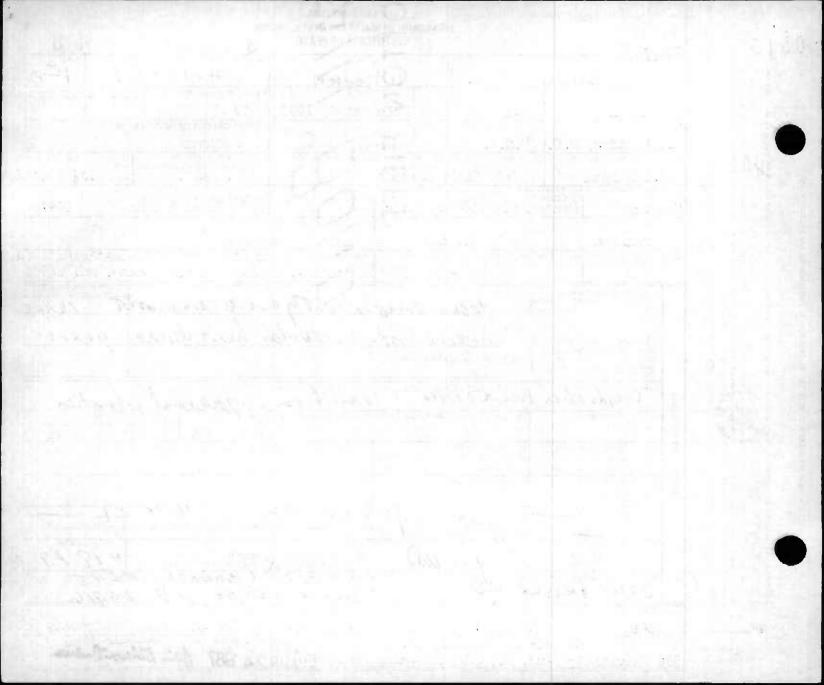
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STATE OF MARYLAND

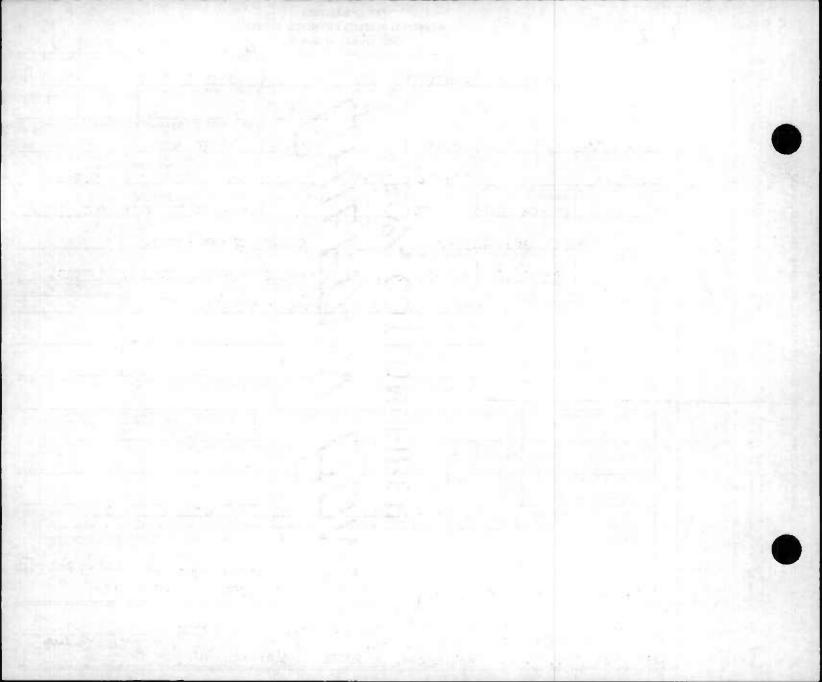
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	0 7	REG. NO.	1 9	4 8
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		OR PRINT)	Ally		Κ.	W	nelan	4	1-18-	87	100pm
	3 SE)	(4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
П		<i>female</i>	1,000	Caucas	ian	Decei	mber 4, 1909	77	YRS		
-3		RTHPLACE (STATE OF FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE	CITY OR COUN	TY OF DEATH	
/		ishington,	D.C.	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Monto	gomeru		MD.
		TY OR TOWN OF DEA			HOSPITAL, NURSIN	-	OR OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OR
		ilver Sprin		Holy	Cross Ho	spita	l	Adm. A	sst.	Dept.	of Inter
ξ,	13c. S		13b COUN		13c. CITY OR TOW Silver S	N	13d INSIDE CITY LIMITS?	13 STREET ADI	DRESS / ZIP CO	DE ane.	20910
oice L		THER'S NAME	MOTO	gemeta	jordet et e	process	15. MOTHER'S MAIDEN NA		3,20,00,0		
		unknown		MIDDLE	Kraisel		12013		MIDDLE		AS1
		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.		nephew	ADDRESS 93		
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		18 CAUSE OF DEATH	d (Enter on	ly one course per	line for (n) (h) on	d (c))	1 .	1 /			DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WA	AS CAUSE	D BY:	tues ic	24000	helmeth a	as bo	Arxiaca	- Andrews	10 61-0
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				DUE TO, O	R AS A CONSEQUE	YCE OF	- 2 well winds	in hou	+ Nicos	14 6	o ene
		Conditions, if any, gave rise to imm		(b)_	4 10 101C	(CAOA)	C O VICE NO VOICE	77 7000	1 - 13 ()	1	em (
		cause (a), stating underlying cause	g the lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF				111119	
				(c)							
	NO	Dolyari	as III -	Ford	UA hrver	DEATH BUT	NOT RELATED TO THE TERM	I LUY ME	ardial	in fare	chion
à	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FIND	
2	H							YES N		YES [NO [
5	8	210. ACCIDENT WAS UND	ERLYING [216. TIME O			21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM I	B PART : OR PART 2)	
	147.0	OR CONTRIBUTING C		ALE:	M. MONTH D	AY YEAR					
	MEDICAL	21d INJURY OCCURR		21e. PLACE		19	211 LOCATION				
	A	WHILE NOT WHI			REET, FACTORY, OFFICE, F	ARM, ETC]	STREET	C	CITY OR TOWN	COUNTY	STATE
						Sen	100 km = 51		4-1	P. PT	
		220 I certify that (I) sow the decease		()	e deceased from	207 6	nd that in (my) (eur) epinion	donth provinced	- abo de a d b	190	, that (I) (we) l ast
		obove, (I) (we)	d) (did no	t) view the body	ofter death.	- (deoin occurred o	in the dote and h		
		22b. SIGNATURE	11	//,	0 11)	DEGREE	MEDICAL	STAFF	22c. DAT	E SIGNED
		1/1	1	100	go lu	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSICIAN [97	1.8
		22d. PHYSICIAN SINA	ME (TYPE C	PRPRINT)			22e ADDRESS PP30	(Am	ERON S	TREE	-
		Jaryn 1		ER, m	<i>V</i> .		SICVER &	PERMI	InD.	209	10
		BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATIO		CQUNTY	STATE
	B	urial		Apr.21		te of	Heaven Cemet	ery Sili	ver Spri	ng Mont	gomery Md
	24 FL	JNERAL DIRECTOR	Franc	is J. Co	ollins, J	r.	250 DAT	TE REC'D. BY REG	SISTRAR 256 REG		
	50	O Universi	ty Bl	vd. W.,	Silver S	pring	, Md. 20901ADE	24 1987	Julia 1	Deviden R	AND ALLES
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STATE OF MARYLAND

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053067 H	TIT.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE		1 15
6		REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	1 4 4	19
0 0 5	1 DE	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MON	NIH DAY YEAR	26 HOUR P
oy be deoth			VID JACOB WHICH		APRIL 19 1		13:00 M
E G	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
9 0 5		MALE	CAUCASIAN	OCTOBER 1 1942	44	YRS	
th. Pog	/c. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH	
de de de		HODE ISLAND	UNITED STATES	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	MONTGOMER 120 USUAL OCCUPATION		MD OF BUSINESS OR
offer the	7	TIT OK TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WO	PREING LIFE) INDUSTRY	
120 ours		BETHESDA	NAVAL R OTHER INSTITUTION, GIVE RESIDENCE BEFO	HOSPITAL	U. S. NAVY	. DEF	ENSE
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of ysicion and completely filled in by opers. Page 1 and 2 should be file vol. t, the medicolescomines, must be no	13a MA	STATE N.S. OU RYLAND PRIN ATHER'S NAME	NTY 13c. CITY OR TO	WN 138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 9525C SYLVAN		20767
MARY mplete and 2	40	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAS	T
RE, M.	16n 3	WAS DECEASED EVER IN U.S. AF	JACOB WHICHELO RMED FORCES? 166 SOCIAL SEC		YS EVELYN SPIN ADDRESS	K	
MOR ond Poge	1	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]		HELO,9525C SYL	WANCTII D	CAD
ALTIN			037-26 037-26 only one couse per line for 101, (b), c			APPROX	MATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CALIST	ED BY.	L CELL CARCINOMA OF		BETWEEN	ONSET AND DEATH
		IMMEDIA			THE LUNG		
PRESTON he death of he ottendin emove corbin inotion, or in		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	UENCE OF			
		gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF			
20 se t	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	winal disease or condition	ON GIVEN IN PART 114	0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r othending physicion. After this certificate has been sig os the buriol-tronait permit. Then th and Mental Hygiene prior to be deved or item 18 shows any injury or	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		b. IF YES, WERE FINDING CAUSES YES	
PF VITA Physicia Infricote Infricote Infricote Infricote Infricote Infricote Infricote Infricote Infricote		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
ON OF VII HYSICIAN: ding physis is certifical is certifical mental-tran Mental Hy	S	(IF EITHER, NOTIFY MEDICAL EXAMINE	2111	19			
DING PHYSION or otherding After this cross the burnelish of the cost he burnelish morked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND pitol or 1708: A for use of Heol		sow the deceased alive or	APRII. 19 or) view the body ofter death.	MARCH 18 , 19 87 87 , and that in (my) (our) opinion	,		that (I) (we) lost couses stated
OR he ho		27b. SIGNATURE	ha Prolat	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE 201	SIGNED Apr87
HOSPITAL ned by the FUNERAL old be det the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE			VAL HOSPITAL		
TO HOSPITAL retoined by t TO FUNERAL should be de- with the Stote		M. PIERDINOCH	K, LCDR, MC, USN	IR BE	THESDA, MD 208	14-5011	44617
5 5 5 € 3 ₹ J	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Burial	4-24-87 Ar	lington National	Ft Myer	COMMI	VA
DHMH - 16 60M 7/84	24 F	UNERAL DIRECT Marshal	1's Funeral Home	e, Inc. 250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAL	URBALL
(VRA 15, 4)	4	217 9th St	N. W. Washingt	on. DC 20011 MA	1408 1987 Au	Van land	



STATE OF MARYLAND

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° ω€		E OR PRINT)	RST				,		2a. DATE OF DE	ATH MONT	H DA		26. HOUR
poge cer death			VCEN		-AWRENC		HITCOM	13		RIL 0		1987	J. /6W
4 mc	3. SE	X	4. R	RACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY		UNDER I YEAR	HOURS MIN.
ors		MALE			ITE	Juc	1 5.	1919	l .		YRS.		
2 2 di		IRTHPLACE (STATE OR FOREIC	GN 7b.	CITIZEN OF	WHAT COUNTR	Y? B.	NEVER	MARRIED -	9. BALTIMORE	ITY OR CO	UNTYO	FDEATH	
un 7		NEW YORK		u.	5.A.	WIDOWE	0 0	IVORCED [MONTG	OMER	y C	COUNTR	1 MD.
21/20	10. C	ITY OR TOWN OF DEATH	11.		HOSPITAL, NURS		R OTHER INS	NOITUTITE		UPATION MOST OF WOR	KING LIFE)	12b. KIND OF	BUSINESS OR
3100	51	VER SPRING	H	long (3 - 1	tos PITA				ANALY		u. 5. G	DUGENHANT
120	USU 13a.	AL RESIDENCE (IF NURSING H STATE 113b.	COUNTY	ER INSTITUTION,	GIVE RESIDENCE BEF		1134 INSIDE	CITY LIMITS?	13e.STREET ADD	DESS / 7ID	CODE		
費/多つ	M		DNTGO		SILVER S		YES 🔀	NO 🗍		D COLL		PIKE ,	120904
MAL	14. F.	ATHER'S NAME	MIDD		LAST		15 MOTHER	'S MAIDEN NA	ΜE	DDLE		1	
CVS	0	THEODORE	MIDO	-	WHITCO	HB	L	ILLIAN	MI	DOLE		GRA	ч
: 1		WAS DECEASED EVER IN U	J.S. ARMED		166 SOCIAL SE	-	17_INFORM			ADDRESS			
2 1		YES, NO OKUNKNOWN) III	NON	E	052-16	- 3277	CONSTA	NCE L.	WHITCOM	B Cu	IIFE)) SAME	E AS # 13.
al.		18 CAUSE OF DEATH (E	nter only o	ne couse per								APPROXIM	MATE INTERVAL
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arba ar re office		17474	NEDIATE C		R. AS' A CONSEC	VIENCE OF			,			1	
ne con,		Conditions, if ony, wh	ich ((6)	teanse	A TEL	nome	a of N	Tuna			fus.	month
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n pled burio y, or		PART 2. OTHER SIGNIFIC	ANT CON		ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OF	CONDITIO	N GIVEN	N IN PART Lia	
Ther to b	NO NO					-							
prior	ATI	19a DATE OF OPERATION	1	196 CONDI	ITION FOR WHI	CH OPERATIO	V WAS PERF	ORMED	20a AUTOPSY	? 20b.	IF YES, V	WERE FINDING	GS USED
	Ĕ								YES NO		YES	NG CAUSES O	OF DEATH?
Hygi 8 sh	CERTIFICAT	21a. ACCIDENT WAS UNDERLY		216. TIME O		DAY VELS	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE	9-0			
Mentol tr		OR CONTRIBUTING CAUSE		HOUR A.		DAY YEAR							
A Wer	MEDICAL	21d. INJURY OCCURRED		21e. PLACE	OF INJURY		211 LOCATI			Y OR TOWN		COUNTY	STATE
ked	¥	WHILE NOT WHILE		AT HOME, STR	REET, FACTORY, OFFIC	E, FARM, ETC)	STREE	1	CIT	TORTOWN		COUNTY	STATE
se os se os mar		22a I certify that (I) (this	(longson s	ottended the	e deceased from		55	19.86	10 1-11	12 2	17 19	87	hot (I) (Web) lost
2 is		sow the deceased of above, (I) (we) (did) (SD /7	d that in (my) (our) o pinion o	death occurred on	the date or	nd hour o		
em Sed		22b. SIG-PATRIE	(did not) vii	ew the body	otter death.	/ 07	EGREE				_	22c. DATE S	IGNED
te De		1. de		1	ford	11		ATTENDING	MEDICAL	STAFF	_	A04	79 100
7 70 =		22d, PHYSICIAN'S NAME	TYPE OR PRI	NTI	-	/	22e ADDRE	PHYSICIAN D	DIRECTOR F	PHYSICIAN		APRIL	28, 198
R he C					44.5			_	100				
Shoul MPPO	22-	G. LENNA		SOLD	M.D.	. NAME OF C	8630			PILVER !	SPRIN	G MAP	MILAND
		BURIAL, CREMATION, REM		3b. DATE		e. NAME OF C			23d. LOCATIO		0.4	COUNTY	STATE
	24 5	CREMATION UNERAL DIRECTOR	1/A	IPRIL 2	1,1987 C	HAMBERS	CRE	MATORY	RIVERDA		GCE). MA	RYLAND
6 60M 7/84	١.	NAME			ADDRES				E REC'D. BY REGIS	7 7 7 7	EGISTRA	R'S SIGNATU	dalle
'RA 15, 4)	W.L	V. CHAMBERS G	0. IN	c. 8659	5 GEORGIA	AUE. SI	WER SPRII	JG, MALLAY	1 - 198		-	-corn. Kan	

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		1	FOR	DEPARTA		E OF MARYLAND BEALTH AND MENTAL HYG	IFNF	
0	100	1.	STATE REGISTRAR			ICATE OF DEATH	8 / REG. NO.	1951
ge 3 Cleoth	AFR		CEASED NAME FIRST (CAPPRINT)	GARET W	ازاها	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ector, page 3 ars ofter death		3. SE	female	4 RACE White	5. DATE O	H DAY YEAR	6 AGE (INYEARS LAST BIRTHDAY) 1 3 Yrs. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol du	35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Tyland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Montgom	
by the fu	20	10 C	eth enda	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET YOS VONCY HEAL	ADDRESS)	or other institution re Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	12b. KIND OF BUSINESS OR
filled w	180	13a. S	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY IBL. CITY OR TOW Arundel Edgewate	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS / ZIP CO 3841 Twin Oak	DE Rd. 21037
and 2 bug	12	[4] F/	ATHER'S NAME William	E. Tuers		15. MOTHER'S MAIDEN NAME FIRST Margaret	MIDDLE T.	Hatch
n ond to	medical	16a A	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 579-16-34		Donald Hinto	3841 Twin 0 n Edgewater,	ak Rd. Maryland
physicio propers	emovol.		PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), on ED BY: TE CAUSE (o)	d (c).)	rassula	ascilex	APPROXIMATE INTERVAL BETWEEN OF SET AND DEATH
please receive corbo	r other froumotic		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS CONSEQUI	EACE OF EXCEST	l atrup	hy excluses	yen
2	or to	TION		conditions <u>contributing to</u>				
e has be	hows ony it	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO		YES NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
certificat riol-tron	Mentol Hygin them 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART ?}
		MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A	of Heolth and		saw the deceased alive or above, (I) (we) (did) (did no	ottended the deceased from	. 01	1	deoth occurred on the date and h	
TO FUNERAL DIRECTOR: should be detoched for use	NT. # Re		22b. SIGNATURE	Think ?	为人		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO FUNE	MPORTANT:		22d. PHYSICIAN'S NAME LIVE	WARD 6	116	Address Address	and Bether	el 20817
		23a	Burial, cremation, removal (Specify) Burial			con National C	en. Suitland	P.G. Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR 7 1987 June Devider Rodel

DHMH - 16 60M 7/84

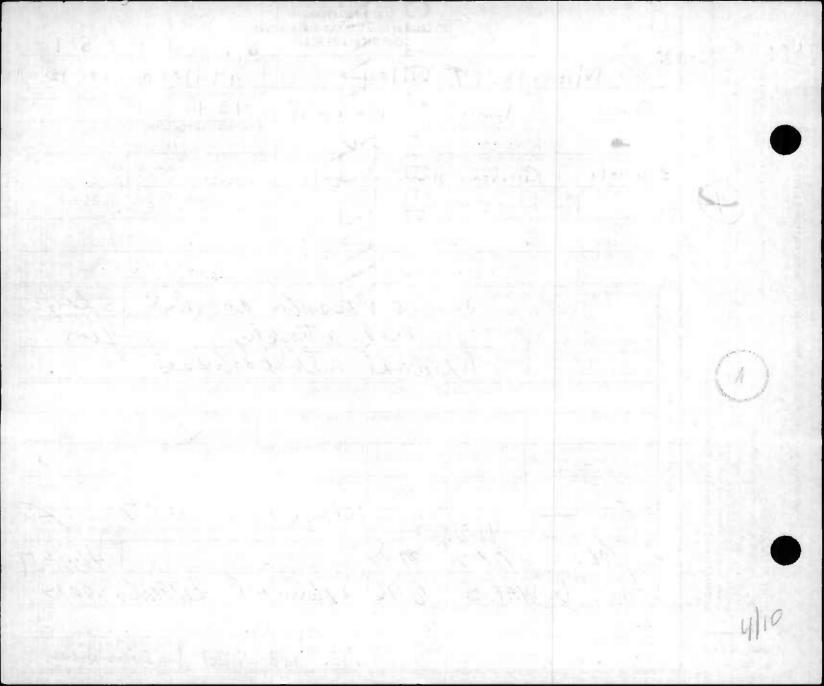
24 FUNERAL DIRECTOR

FUNERAL DIRECTOR

NAME
George P. Kalas Funeral Home Oxon Hill, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretoined by the hospital or ottending physician.

(VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 100	10	FOR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE	
J. (11 11	U 0	STATE		CERTIFICATE OF DEATH	8 / REG. NO.! !	952
		EASED NAME PRIST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
200//	franc.	Doris	RUTH	Wildman	4-	1-87 9:151
8 1	1,5EX	- 1	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
93		1 -1111906	caucasion	JAN. 6, 1917	70 YRS.	JANUARY DATE OF THE PROPERTY O
1800		RTHPLACE I STATE OF FOREIGN 75	. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
450		VA.	21.5.4.	WIDOWED DIVORCED	1 MONTEOME	R) MC
71	10. CI	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSII		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR INDUSTRY
ZIL	17	KOMA KARK	WASHINGTON THER INSTITUTION, GIVE RESIDENCE BEFOR	HOUENTIST HOSP	HOUSEWIER	E OWN HOME
25	illa 5	TATE 13b. COUNT	Y 13c CITY OR TOV	/N 113d INSIDE CITY LIMITS?		E 20704
4	VIII	ARVLAND MOI	VT. SILVERS	PRING YES NO [11550 STEWN	ART LANE
15/) TA	FIRST O MI	DDLE LAST	13. MOTHER'S MAIDEN N	MIDDLE	LAST
0/05/20	145. 14	VAS DECEASED EVER IN U.S. ARM	MISE WANDE		FLORENCE	WOLLADAY
1 13			WAR OR DATEST	// //	SBAND ADDRESS	ame Att.
到年	-	No	577-10		T.WILDMAN OF	4ME/75-3
1 40	N	PART I. DE ATH WAS CAUSED	one cause per line to (a), (b) for BY:	Hat Bank	and an and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1.1	H	IMMEDIATE	CAUSE (a)	ven venvo je	nu Comonia	1000
100		Conduct of 111	DUE TO, OR AS A CONSEQU	ENCE OF		The state of the s
Transfer and the second		Conditions, if any, which gave rise to immediate	(b)			
of the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		
10	1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GIV	VEN IN PART 1/0:
1	8					
8 /	CATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 206 JF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
DX	1 E I					ES NO
9	CERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
17	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
6	MEDIC	714 INJUNY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
rket	2	WHEEL CO HOT WHEEL CO	THE STREET, PACIONI, OFFICE,		11/1	003
, I		220.1 certify that (1) this hospito	I) ottended the deceased fram.	3/3 19 8		19 (we) last
F-		saw the degeased alive on a	Siew the body Atter death.	and that in (aur) apinio	an death occurred on the date and how	or and from the causes stated
ž.		22h SIGNATORE	0	DE GREE		220 DATE SIGNED
÷		01/			DIRECTOR PHYSICIAN	16pm/27
2/		22d. PHYSICIAN'S NAME (TYPE OR	PRINTY	22e ADDRESS	1141 00	
APORT.		V-11(rau le ba	unnun 11/2	1/1/Km 1), 16	V 20904
5/	23a. B	DECEMB	23b. DATE 23c	NAME OF CEMETERY OF CREMATOR	Y 23d. LOCATION	COUNTY A STATE
200		(REMATION	4-2-87, W	EJROPOLITAN (RE	MATORY, HUEXA	NDRIA, VA.
M 7/B4	24 FY	MINAL DIRECTOR PAR	DE LOLFU	NEANTL HOME 250. D	ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
1)	1)	mentor		YOM D.C. A	PK 9 1901	The same of the sa

4-1-67 728	Series Rush Williams
1 x 11	The Summer Summer of the Printer of
10x38,00082,000 16m8	The such that Massing range production they
ILEST STEWART LAWE	MINEYLAND MONT SHIRE FRIES Y
By Alexander Constitution	
25 17	6. 0 E/2 - 1/6/E 20 - 1/6/E
are the substitute of the	manely many access as the Manager of the Contract of the Contr

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other troumatic event, the med

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

9988

eoth Page 4 may be

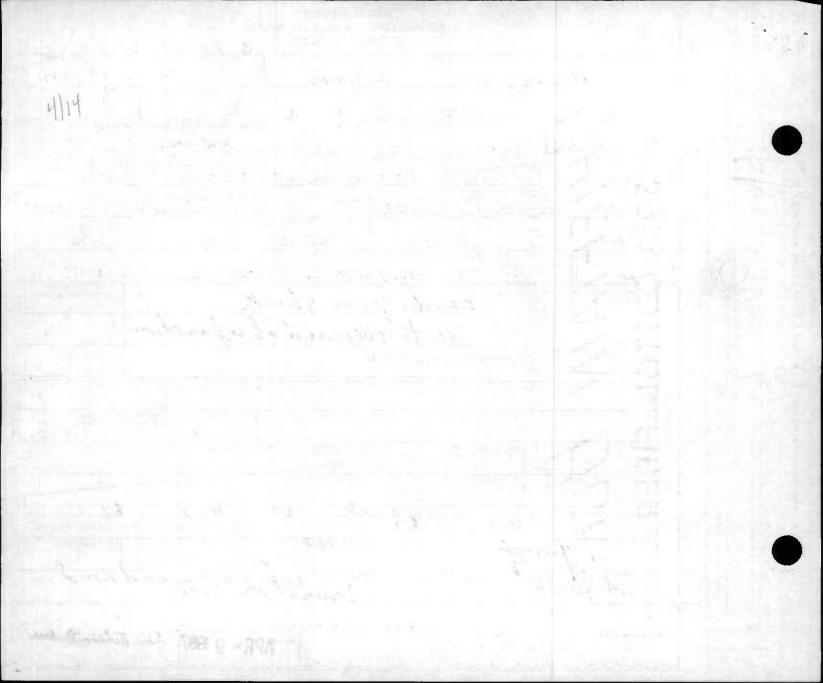
npletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
CE	RTI	FIC	ATE	OF	DEATH	5

0	17	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	IENE REG. NO	0.1 1		an weg
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	"YEAR	Zb. HOUR
1	(TYPE	Harle Harle	e 4 James	W	illiams		4 2	87	1041 4
	3. SE)		RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT		ERIYEAR	IF UNDER 24 HRS
		maka	Caucasian	MONT	OAY YEAR	70	MONTHS	DAYS	HOURS MIN.
	7a. B1	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	/2 9	1/	9. BALTIMORE CITY OF	R COUNTY OF DE	ATH	
	(May Hampshita	U.S.A.	MARRIE		Montgom	_		
4		New Hampshire 11		ING HOME		12a USUAL OCCUPATION		KINDO	MD. F BUSINESS OR
1		koma Park		Adven	tist Hospital	Electricia	N . G	out.	
100	Ma		THER INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR TO SILVER		YES NO	13e STREET ADDRESS / 309 Northw	ZIP CODE Jest Driv	e	20901
3	14. F.A	THER'S NAME FIRST HENRY J.	DDLE Willian	15	15. MOTHER'S MAIDEN NAM ROSULLA	ME MIDDLE		WOO	
		VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SEG		17. INFORMANT	ADDRE	SS		
	()	yes no or unknown) 11936-1	1956 217-36-	7123	Alyma M. Will	iams wife	same	as #	13
ľ		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b),	and Icili	. 1			APPROXI	MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED! IMMEDIATE		no se	nic glos	R			
		IMMEDIATE		Russ	1	0)	-6		
		Conditions, if ony, which	DUE TO, OR AS A GONSEO	TE M	lyocardon	l wyard	1200		
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENICE OF	1	/			
		underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF					
	z	PART 2 OTHER SIGNIFICANT CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 110) '
-	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERI		
4	TIFE	12 64				YES NO	YES [LAUSES	NO [
7	AL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	LY IN ITEM IS PART 1 OR	PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TOV	NN CO	YTHU	STATE
1		22a. Lecrtify that (1) (this haspital		3.	25 1987	, to 4. 2	. 19.8	7	that (I) (we) last
		sow the deceased olive on abave. (1) (we adid) (did not)	view the bady after death.	87.0	nd that in (my) (our) opinion o	deoth occurred an the da	ite and haur and f	ram the	causes stated
		22b. SIGNATURE	us		DEGREE M.D			E. DATE	SIGNED
		A	9		ATTENDING PHYSICIAN	MEDICAL STAF			0
		22d. PHYSICIAN'S NAME (TYPE OR	and .		22e ADDRESS 3U5	o Fortm	read,	Rea	0
		M. YUSUP			Janual 1	MD. 2070	7		
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUN	IT v	51475
	_	emation			litan Cremato	ry Alexandr		A	Virginia
	24 FL	INERAL DIRECTOR Franci	s J. Collins	Jr.	25a D	DE BE TON	25h AEAISTRAN	BIOMETER	O CONTRACTOR
	50	O University Blv	d. West, Silve	r Spri	ng, Md.		3		

DHMH - 16 60M 7/84 (VRA 15, 4)



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by the funeral director, page 3 filed within 72 hours after death

24 hours after death. Page 4 may be

STATE OF MARYLAND

	9.		O. 711				
EPARTME	O TI	F HE	ALTH	AND	MENT	AL I	HYGIE

4 1	FOR		DELWIWELL	T OF HEALTH AND MENTAL HYG	ILIAL	
-	REGISTRAR		CE	RTIFICATE OF DEATH	8 / REG. NO. 1	1 9 5 4
	CEASED NAME FIRST	MIDE	DIE	e LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	PRANC	PC F	9	Willing	4-	-28-87 6PM
3. SEX		4. RACE	5. 0	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
F	emalo	Whil	e	MONTH DAY YEAR HEAR	71	MONTHS DAYS HOURS MIN
7a BIF	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
06	elahoma	U.S.A.	. WI	DOWED DIVORCED	Mositanni	erry Ct. MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Si	ilver Spring		ross Hospa		(TYPE OF WORK FOR MOST OF WORK Librarian	Mont. County
13n S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIV			13e.STREET ADDRESS / ZIP	
			ilver Spr		303 Whiteston	e Road 20901
14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	1241
	Guy	Moore	Patten	Perle	Mode	Baldwin
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY	NO. 17, INFORMANT	ADDRESS	
(1	NO		220-28-673	58 Robert P. W.	illing hus	band same as #1
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line	e far (a) (b), and (c)	Y. A.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a)	Lugartinous	money arest		15 Min.
		DUE TO OR A	S A CONSE QUENCE	0.5	1 1	1 eskimaled
		DUE TO, OR A	2 A CONSEINMENT	Wr U	/ //	
	Canditians, if any, which	(b)	while	Le pulmonary &	melus	4-Shews
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	S A CONSEQUENCE	le pulmonary &	mbelus du la state	40 days
	gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR A	S A CONSEQUENCE	le pulmonary &	Sul to State	40 days
NOI	gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR A	S A CONSEQUENCE	Le pulmonary &	Lus to Stake Linal Disease or CONDITION	40 days
CATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A (c) CONDITIONS CON	S A CONSEQUENCE TRIPUTING TO DEAT ALORADO	Le pulmonary &	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
RTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR A (c) CONDITIONS CON 196 CONDITIO	S A CONSEQUENCE TRIBUTING TO DEAT AN FOR WHICH OPE	e of Authority & A	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	(b) DUE TO, OR A (c) CONDITIONS C	S A CONSEQUENCE TRIBUTING TO DEAT AN FOR WHICH OPE	E OF STANDARD STANDAR	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR A (c) CONDITIONS CON: 19b CONDITIC 19b CONDITIC ATH HOUR A.M. P.M.	S A CONSEQUENCE TRIBUTING TO DEAT ON FOR WHICH OPE MJURY MONTH DAY	RATION WAS PERFORMED 21c. HOW INJURY OCCUR 19	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE CONTRIBUTY OCCURRED	DUE TO, OR A (c) CONDITIONS CON 196 CONDITIO 216. TIME OF IT HOUR A.M. 21e. PLACE OF	S A CONSEQUENCE TRIBUTING TO DEAT ON FOR WHICH OPE MJURY MONTH DAY	PALL POLICE TO THE TERM RATION WAS PERFORMED YEAR 19 21t. LOCATION	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE	(b) DUE TO, OR A (c) CONDITIONS CON 19b CONDITION 21b. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET,	S A CONSEQUENCE TRIBUTING TO DEAT ON FOR WHICH OPE NJURY MONTH DAY INJURY FACTORY, OFFICE, FARM.	PALL POLICE TO THE TERM RATION WAS PERFORMED YEAR 19 21f. HOW INJURY OCCUR STREET	200 AUTOPSY? 206. YES NOTE NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK 22a.1 certify that (1) this hasp	(b) DUE TO, OR A (c) CONDITIONS CON: 19b CONDITIONS 21b. TIME OF II HOUR A.M. RI) P.M. 21e. PLACE OF (AT HOME, STREET, ital) attended tile of	S A CONSEQUENCE TRIBUTING TO DEAT TRIBUTING TO DEA	PALL NOT RELATED TO THE TERM RATION WAS PERFORMED YEAR 19 216. HOW INJURY OCCUR STREET 19 216. LOCATION STREET	200 AUTOPSY? 206. YES NOTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFY NO COUNTY STATE COUNTY STATE
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	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK 22a.1 certify that (1) this hasp	(b) DUE TO, OR A (c) CONDITIONS CON: 19b CONDITIONS 21b. TIME OF II HOUR A.M. RI) P.M. 21e. PLACE OF (AT HOME, STREET, ital) attended tile of	S A CONSEQUENCE TRIBUTING TO DEAT TRIBUTING TO DEA	PEOF THE BUT NOT RELATED TO THE TERM RATION WAS PERFORMED YEAR 19 21t. LOCATION STREET 7 83 19 , and that in (my) our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 206. YES NOTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 47, tha (I) (we) last d haur and from the causes stated
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK 22a.1 certify that (1) this hasp	DUE TO, OR A (c) CONDITIONS CON: 19b CONDITIO 21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET. ital) attended the discrete of the poly attended the	S A CONSEQUENCE TRIBUTING TO DEAT TRIBUTING TO DEA	PEOF 21t. LOCATION STREET 21t. LOCATION STREET 21t. LOCATION STREET ATTENDING	200 AUTOPSY? 206. YES NOTE NOTIFIED (ENTER NATURE OF INJURY IN 111. CITY OR TOWN death accurred on the date on	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 47, than (we) last d haur and from the causes stated
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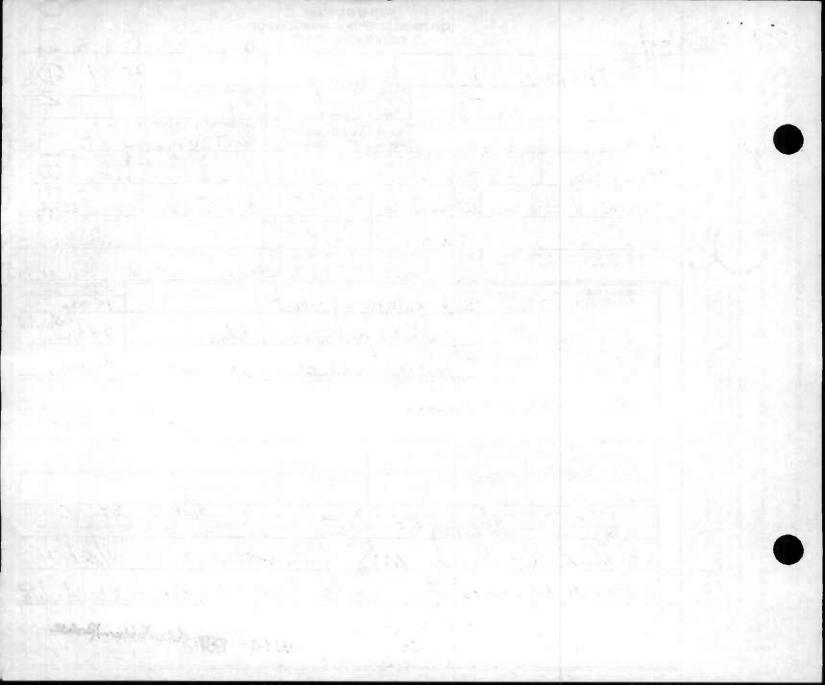
DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon nations with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician.

BP.



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21	217	-	11111	1/10	2000	

		1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
	TAY -	1.0	REGISTRAR	CERTIFICATE OF DEATH			8 / REG. NO. 9 5 5					
-			CEASED NAME FIRST	MIDDLE		LAST			MONTH DA	AY YEAR 2	76 HOUR	
noy be		(TYP)	OR PRINT)	11CE		WILLIS		API	216 2	7 1987	420,4 M	
you		3. SE		4 RACE				6. AGE (IN YEARS LAST BIR	(HDAY)	FUNDER I YEAR	IF UNDER 24 HR	
le 4 mo	-		emale	Black	Black		20	66	YRS.	ONTHS DAYS	HOURS MIN,	
P - P	Also	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	OUNTRY?	MARRIED T NEVER		BALTIMORE CITY O	R COUNTY C	OF DEATH		
1 5	77	Ga COUNTRY)		I TICA			VORCED	Mo	N191,	MD.		
1 11	27/	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			TITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		12b. KIND OF BUSINESS OR INDUSTRY		
1	AL		Md.	Washington Adventis		entist		Retired		IRS		
2	1		RESIDENCE (IF NURSING HOME TATE		TY OR TOWN		ITY LIMITS?	13e STREET ADDRESS	ZIP CODE	011	BART	
4.5	1/2/	_	. C.	1	Washing		NO 🗌	912 Irvir	ng St.	N.E.	11/1	
- AS	1300		THER'S NAME	MIDDLE	DDLELAST		S MAIDEN NAM	MIDDLE		LAST		
	734	h	illiam	Ham	Porter	r Eli	zabeth			McLendo	on	
De pe	12	160 \	VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	OCIAL SECUR			ADDRE				
o o o			No	Ut	Unknown Percy E. W			illis/husband/same as 13e				
ysicio	ot, th		18 CAUSE OF DEATH (Enter I	only one cause per line for	(a), (b), and	CP = 1A1	Dan	NOE		BETWEEN ON	ATE INTERVAL	
a ph	e e e		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WEDAL PAILURE IMMEDIATE CAUSE (o)									
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the the	other t		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
thot d by	or off		underlying cause last (c)									
uires igne	or to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
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wol .	0 1 /		190 DATE OF OPERATION	196 CONDITION F								
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SICI NG P	tente		(IF EITHER NOTIFY MEDICAL EXAMIN			19						
OR ATTENDING PHYSICIAN. e hospitol or ottending phys DIRECTOR. After this certifications for use or the humal-free	N Pu		21d INJURY OCCURRED	(AT HOME STREET, FACT		21f. LOCATH STREET		CITY OR TO	WN	COUNTY	STATE	
ING r off	lih a lorke		AT WORK			0000	/ 成了	A30.	-	07		
OLO OR.	Hea		22a.1 certify that (1) (this haspital) attended the deceased from 48164, 19.87, to APRIC 27. 19.87, that [1] (we) last									
PSpit Sector	3 2 a		saw the deceased alive an APUL 36 19 87, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) this not view the body after death.									
	T He		DEGREE 276. DATE SIGNED ATTENDING & MEDICAL STAFF 200. DATE SIGNED									
HOSPITAL ined by the FUNERAL	TZ-		Dlew & Unclused Physician Director Physician () PRIL 2719							271987		
ed to	RTA		27d PHYSICIAN'S NAME (TYPE OR PRINT)									
P O H	With the		1 OCERT		HMA			5 000 1650 N	D.C	. 200	2/2	
nai	id		BURIAL, CREMATION, REMOVA			AME OF CEMETERY OR		Montezu	ma Ca	COUNTY	STATE	
BP/	7		Burial	5-2-87		evel Rest C						
DHMH - 16	60M 7/84	24 F	ohn Rhines	Co 2015 10	ADDRESS			REC'D. BY REGISTRAR	25b. REGISTO	AR'S SIGNATUI	RE	
(VRA 1	5, 4)		TE WILLIES	00., 3013 12	th St.	N.E. 2001	7 49	R28 1987	gules !	31-1		

ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

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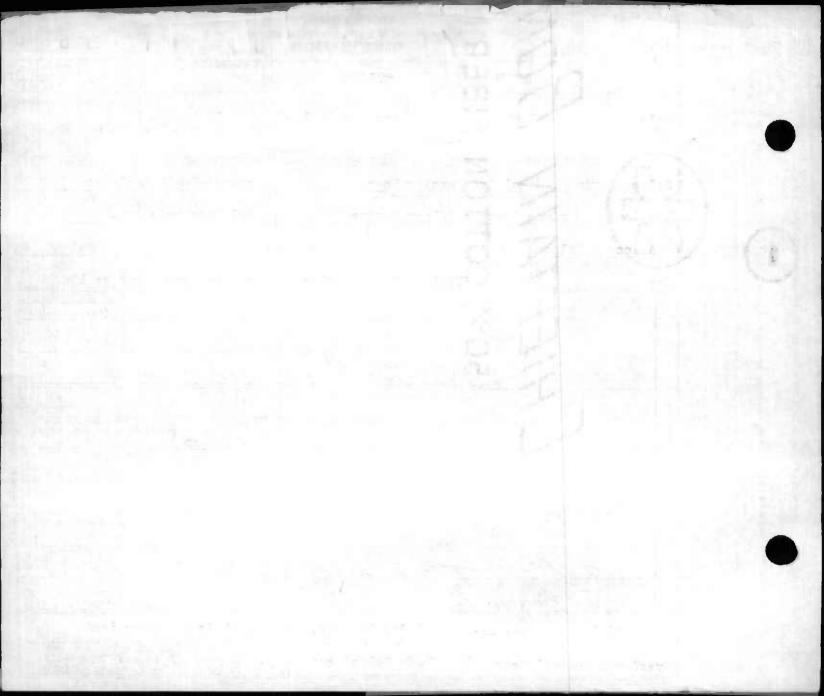
1117 -	REGISTRAR	41 2007/11	CERTIFICATE OF DEATH	8 / REG. NO.	REG. NO. 9 5 6		
	DECEASED NAME FIRST (TYPE OR PRINT)	AYMOND	WILSON	20 DATE OF DEATH MON	23 87 6 60 N		
3	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY			
	Male	Black	December 20,1908	78	MONTHS DAYS HOURS MIN.		
	o. BIRTHPLACE STATE OR FOREIGN VIRGINIA	7b. CITIZEN OF WHAT COUNTR United States					
是/	Silver Spring	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Bel Pre Nursi		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Retired-Gov')	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY Employee		
2	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 1336 COU Maryland Pring		OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 801 Rosemari			
4	4. FATHER'S NAME FIRST Wilson	MIDOLE LAST	15. MOTHER'S MAIDEN N FIRST Unknov	WIDDLE	LAST		
0 / 1	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS			
med /	Yes	577-18	-8932 Barbara Ro	gers Daughter	Same as 13e.		
njury, ar ather traum		DUE TO, OR ASIA CONSEC	QUENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110		
à ou	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \		
r Hem 18 sh	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)		
ed or	THE THER NOTIFY MEDICAL EXAMINE 714 IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	71e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
MPORTANT. If them 21 is mort	270 I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	ot) view the body ofter death.	1/-1/	medical Staff	nd hour and from the couses stated		
IMPORT	230 BURIAL, CREMATION, REMOVAL	27April 87	NAME OF CEMETERY OR CREMATORY heltenham Vet.Cemet	cery Cheltenham	her lon, Maryland		

DHMH - 16 60M 7/84 (VRA 15, 4)

Frazier's Funeral Home

389 Thode Island Ave.

Sindy Rudge



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

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_	_		CITY OF	NWOT		CC	UNITY		STATE

049611 APR - 910 STATE REGISTRAR DECEASED NAME FB052 MIDDLE LETTER CALPBRATE Winston James Carey 4 RACE 3. SEX 5. DATE OF BIRTH мОВТН 1901 Male White E BIRTHPLACE LITTALE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTY Washington USA WIDOWED DIVORCED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CARRIAGE HILL BETHESDA BETHESDA USUAL RESIDENCE OF MUSIC HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Wally PR TOWN 13d. INSIDE CITY LIMITS YES TO NO [A FATHER'S NAME 15 MOTHER'S MAIDEN MIDDLE LAST Richmond Winston Emma MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 579-26-092 Evelvn 18 CAUSE OF DEATH (Enter only one cause per line (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO. OR AS ACONSEQUENCE OF Conditions, if any, which TANUSCIANO gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TE 14s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) week at work 220.1 certify that (1) (this haspital) attended the deceased from saw the decemed dive on_ , and that in (our) opinion death occurred an the date and haur and from the causes stated above, (I) (we taid did not) view the body after death. 775. INGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Joseph Gawler's Sons 5130 Wisc. Ave. N.W.

236 DATE 4-2-87

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Cremation

Alexandria Fairfax Mt. Comfort Crematory

23d LOCATION

250. DATE REC'D. BY REGISTRAR 216. REGISTRAR'S SIGNATURE APR

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STATE OF MARYLAND

	T - STATE REGISTRAR			DEFARIE	CERTIF	ICATE OF DEATH	8 7	REG. NO	1	9 5	8
APP	LOECEASED NAME	FIRST		MIDDLE	L	A /	20 DATE	OF DEATH	MONTH D	AY YEAR	2b HOUR
617.17		Sarah	170	K.	Wol	6	a	pr =	22	89	1300M
	3. SEX /	4. R.	ACE		5. DATE C		6 AGE (1	YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
/	TEMAI	P	Cauca	sian	Sept	. 25 1904	82		YRS.	UNITS DATS	HOURS I MIN.
82	To. BIRTHPLACE (STATE OF	FOREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	
1	Virginia		U.S.A		WIDOWE		Mont	gomery			MD.
08	Gaithers burg		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Methodis	ADDRESS)	lage	(TYPE OF WO	occupations for most of emaker	F WORKING LIFE		aker
35	USUAL RESIDENCE (IF NUI 130 STATE Maryland	136 COUNTY Montgom		13c. CITY OR TOW Kensingt	N	13d. INSIDE CITY LIMITS?	13e STREET 3220	ADDRESS	ZIP CODE		20895
1000	14. FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME				
30	John	P.	it.	Kerli	in	Charlo	tte	MIDDLE		Say	ers
3 /	160 WAS DECEASED EVE	R IN U.S. ARMED		166 SOCIAL SECU	IRITY NO.	17 INFORMANT do	uighte	7 ADDRE	ss7214	24th P.	lace
ê /	NO NO	(IF TES, GIVE WAI	(OR DATES)	213-40-8	3166	Lillian Cris	t	Hyat	tsvill	Le, Md.	20783
. the	18 CAUSE OF DEA	TH (Enter only or	ne couse per	line for (a), (b), and	dieti .	· /. »	1	/		BETWEEN	MATE INTERVAL DINSET AND DEATH
e ve	PART I. DEATH	WAS CAUSED BY IMMEDIATE CA		(love	with	I NUM	Star	un	P	21	Ny
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njury, or		NIFICANT CON	DITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CON	DITION GIVE	N IN PART To	
s any	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUT	NOXX		WERE FINDIN	
8 sh	210. ACCIDENT WAS UN		216. TIME O		.v. ve.s	21c HOW INJURY OCCUR	RED (ENTER	-		-	
Hem	OR CONTRIBUTING [HOUR A.I	m, month da m.	AY YEAR						
5 6	(IF EITHER, NOTIFY MEE		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
rked	WHILE NOT W	/HILE D	(AT HOME, SIR	EET, PACTORY, OFFICE F	AKM, ETC.	0 / 1		-	1 -	1	31701
s mork	22a I certify that () (this hospital)	ottended ty	e deceased rom_	- 4	19_1	5. to_		RAI	1	hat (IX(we) last
21:	sow the deceo	sed olive on	w the body	after death.	1/2/69	a that in (my) (p)r) opinion	death occur	red on the do	te and hour	and from the c	couses stated
H He H	226. SIGNATURE		-	2 -1	6/00	DEGREE	,			22c DATES	SIGNED
H. F	7/10	1	7/1	1 m	4	ATTENDING AHYSICIAN	MEDICAL	R PHYSIC		2/1	8/40.
TAN	224. PHYSICIAN'S N	AME (TYPE OR PRIN	(1)	~ \	/	22e ADDRESS		1	01	. 1	
MPORTANT: I	1/105	(7 c	WA	AD 6	1/6	Rehm	M	1	Lethi	alle	2011-
3 3	230. BURIAL, CREMATION	, REMOVAL 23	b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOC	ATION		EQUALITY.	FIAM.
_	Burial	A	pr. 25	,1987 Ft.	Linc	oln Cemetery			Princ	ce Geor	ges Md.
M 7/84	24. FUNERAL DIRECTOR	Francis	J. Co.	llins Jr	۲.	25a. DA		10.00	25b. REGISTR	AR'S SIGNATU	JRE
4)	500 Univers	ity Blug	. W.	Silver S	Spring	. Md. 20901A	PR 29	1987	Julia D	corden.	udall

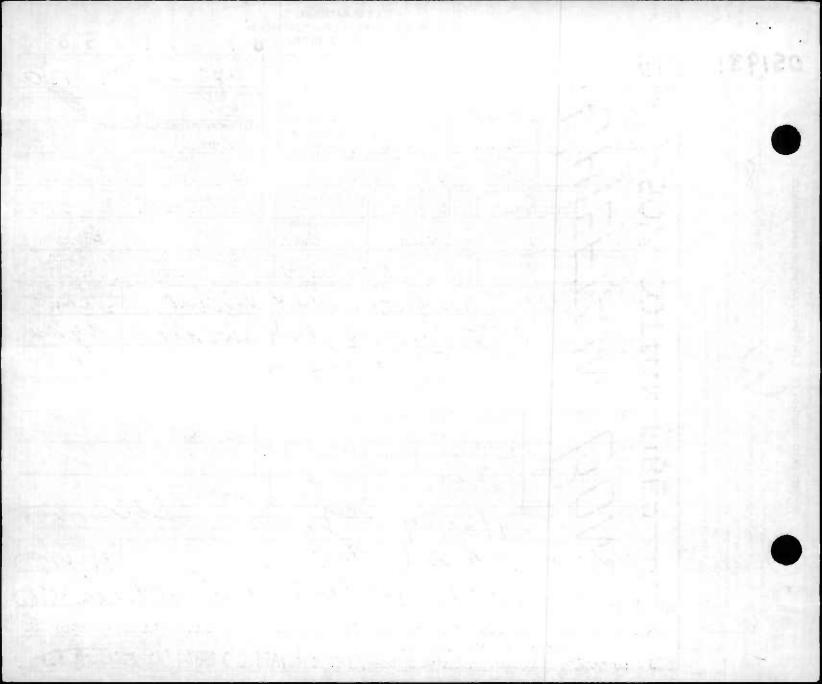
DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers, league with the State Dept. of Health and Mental Hygiene prior to burial Remains on removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

(VRA 15, 4)



STATE OF MARYLAND

FOR	DEPA		EALTH AND MENTAL HYG	IENE	All the Barrier
- STATE		CERTIF	ICATE OF DEATH	8 / REG. NO.	1 9 5 9
1 DECEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR-7
(TYPE OR PRINT) Sam	F	Wo	na	April 11	1987 12 pm
3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
m	One control	MONTH	19 20	66 v	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	Oriental To CITIZEN OF WHAT COUNT	RY? 8.	_	9 BALTIMORE CITY OR COL	
Baltimore, MD	United States		D NEVER MARRIED U	Montgomery	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Silver Spring	(IF NOT IN SUCH FACILITY, GIVES	LEET ADDRESS)	9.9	Ret. Operator	Moongate Restaura
USUAL RESIDENCE (IF HURSING HOME 130 STATE 130 CO.	DR OTHER INSTITUTION, GIVE RESIDENCE				
		Spring	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (ng Pine Dr.,20906
14 FATHER'S NAME	regariery prizver	ppring	15 MOTHER'S MAIDEN NA		ing rine br., 20000
FIRST	MIDDLE LAST		FIRST	MIDDLE	LAST
Wing No was deceased ever in U.S. A	- Wo		Shee	ADDRESS	Lee
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES		17 INFORMANT		
No	5/9-18	-6230A	Leona L.Wong	(Wife) Same as	
PART I DEATH WAS CAUS	only one couse per lime for my (b	, and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a)	anders	ing arrest		24 his.
1118	DUE TO, OR AS A CONSE	DUENCE OF	4		1 1
Conditions, if any, which	(in as	4M lu	n)		24 hours
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	COURTING OF		A .	
underlying cause lost.	Par	LALAGUA	Disease and	Corebrand order	freeze years
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 116
NO LE DI 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED
				YES NOTE	ERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
(IF EITHER, NOTHER MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	21f. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
	pital) attended the deceased fro	om 4/7	19 8 7	Z 10 4/11	
saw the deceased alive a	not) view the body ofter death.	9.87 ar	nd that ((my) (pur) apinion (death occurred on the date and	hour and from the causes stated
22b SIGNA URE	lot view the body after death.	A 1	DEGREE		22c. DAJE SIGNED
1 1 1. 1	Van Harry Vi	/	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/11/67
22d PHYSICIAN'S NAME (TYPE	OF HIGH	P	22e. ADDRESS	DIRECTOR PHISICIAN _	111167
6 LUNIANTE	ROCEPULE	70	MEN Sun	war Alex Visa.	CHETAN MA
0-114043	INOKUIINE,	VK	INDE OUNT	BU THE NEW	Maca (1111)
23a BURIAL, CREMATION, REMOVA	A STATE OF THE ASSESSMENT OF THE PARTY OF TH		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	4-14-1987	Washing	ton National	Cem., Suitland,	Pr.Georges Co., M

DHMH - 16 60M 7/B4

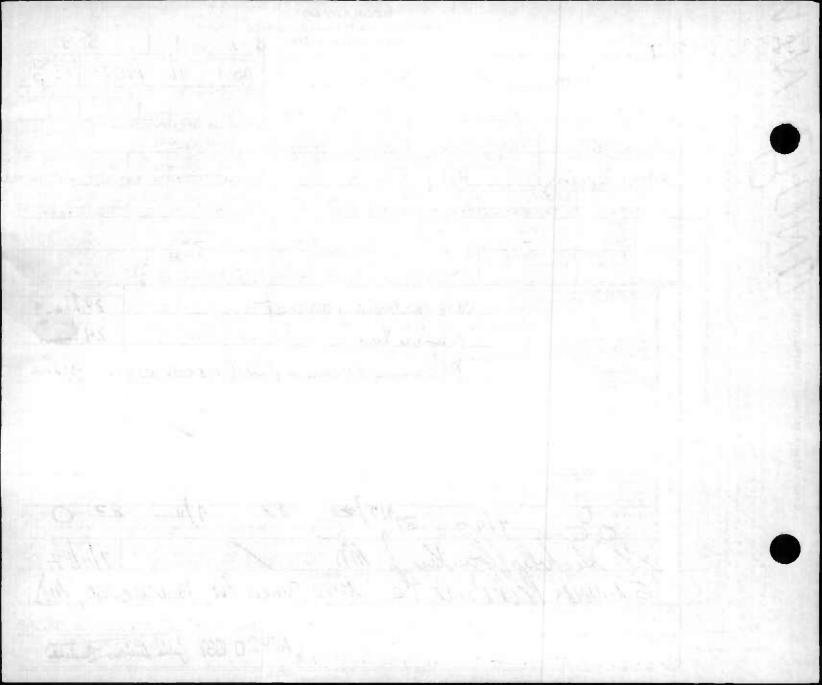
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

(VRA 15, 4)

IMPORTANT: If hem 21 is marked or Item 18 spaws ony

J.Wm. Lee's Sons Co.300-4th St., NE, Wash., DC20002



	DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. NO	1	9 6	0	
- /	MIDDLE	L	x51	20 DATE OF DEATH	MONTH / BA	FILM	25. HOUR	_
		Woo	od		4/2	8/8/	2 P	W
4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	the f	OMBERT HEAR.	#UNERS 3x10	-
Caucasi		Octol	1002	83	YRS.	2000	1000	
76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI		9 BALTIMORE CITY O	R COUNTY O	FDEATH		
United	States	WIDOWE		Montgomer	V		1	MC
	HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF	BUSINESS	OR
13331	uery Mil:	L Road	1	Heavy Mach			al Ele	ec
OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			Ļ.	
gomery	Gaithers		YES NOX	13331 Quer		Road.	20878	
MIDDLE	tast		15 MOTHER'S MAIDEN NAME FIRST Not availal	ME		LAST	37	
MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	13331 ADDRE	SS Orv Mil	11 Rd	1	
WAR OR DATES	041-09-22	280	Harry R. Wood	od Gaithersburg, Maryland 2087				
y one couse per O BY: E CAUSE (o)	line for (a), (b), and	ry p	horis - 1	1: U.t.	ich)		MATE INTERVAL NSET AND DEAD	H
DUE TO, OI	R AS A CONSEQUE	NCE OF	5,243	sys Num	• /	3 - 9	1415	
DUE TO, OI	R AS A CONSEQUE	NCE OF	rany And	try Vise	214	24	اسر	
ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RECATED TO THE TERM	INÁL DISEASE OR CON	DITION GIVEN	IN PART 110		
19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (
11b. TIME O TH HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART	T I ORPART 2)		

other from 20

or removo

0 ene prior

FOR my STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Male

England

De STATE

No

CERTIFICATION

BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

Gaithersburg

Maryland

FATHER'S NAME

1.5EX

FIRST

Harry

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE

Not available 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY:

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse

190 DATE OF OPERATION

21d. INJURY OCCURRED

AT WORK

21h SIGNATURE

210. ACCIDENT WAS UNDERLYING

sow the deceased alive above. (I) (wasterlad) Land

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

136 COUNTY

18 CAUSE OF DEATH (Enter only one couse per line

lost

PART 2. OTHER SIGNIFICANT CONDITIONS CONT

Montgomery

MIDDLE

IMMEDIATE CAUSE (o)_

220.1 certify that (1) (this haspital) oftended the deceased from

P.M.

218. PLACE OF INJURY

view the body ofter deoth.

corbonpop ottendir Q. ڡ iol-tronsit per physicio r use as the buriol-tro Health and Mental H FUNERAL DIRECTOR: 0 BP

defoc should be deto with the State [MPORTANT: DHMH - 16 60M 7/B4 (VRA 15, 4)

PHYSICIAN IN DIRECTOR 22d. PHYSICIAN'S NAME (1) 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cremation Metropolitan Crematory Alexandria

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23d. LOCATION CITY OR TOWN

MEDICAL

, and that in (my) (contapinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

STAFF

PHYSICIAN [

Virginia

22. DATE SIGNED

COUNTY

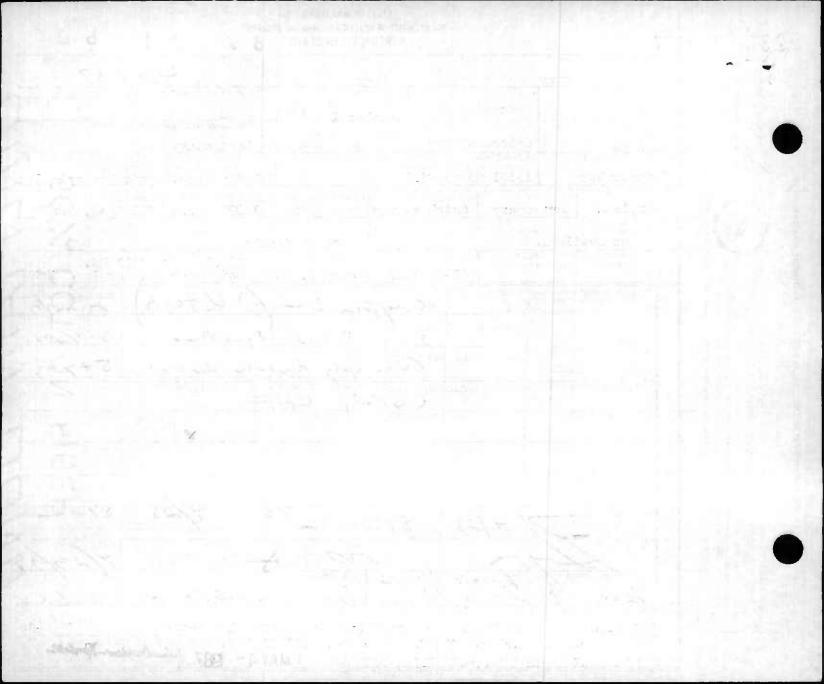
STATE

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOME - ROCK PLEFTNEY REGISTRAR 256 REGISTRAR'S SIGNAT wha Davidson 300 W. MONTGOMERY AVE., ROCKVILLE, MARYLAND

DEGREE

21f LOCATION STREET

ATTENDING



DHMH - 16 60M 7/B4

(VRA 15, 4)

05157

4 тоу be

ral director, page 3 72 hours after death

FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8

17	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. No.	1961
	CEASED NAME FIRST HELEN	Marsh	ω	lood	20. DATE OF DEATH MONTH	15 87 6:45A. M
3. SE	FeMAle	CAU CASIA	N June	H CIAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY) 86 YR	HUNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
)0 C	IOW YORK	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	WIDOWE NURSING HOME ('E STREET ADDRESS)	DR OTHER INSTITUTION	Montgomes 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
	Chville	Rockville Nu		me /	Govt. Writer.	D.of Interior
13a	STATE IN COU	INTY 13t. CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5640 Wood Stre	ope
171. F.	ATHER'S NAME FIRST Wallace	MIDDLE LA	od	15. MOTHER'S MAIDEN NA Cecilia	MIDDLE	Marsh
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRESS	
	no	577-6	0-2253	Teresa Daene	cke friend sa	me as #13
CERTIFICATION	Canditions, if any, which gave rise to immediate cause to), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR V	NG TO DEATH BUT			GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONT P.M. 21s. PLACE OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	18 PART LORPART 2] COUNTY STATE
W	WHILE NOT WHILE AT WORK 270. certify that (1) (this has	(AT HOME, STREET, FACTORY,	. 0	STREET 19	1 10	that (l) (we) lost
		11/1/1/	All stands	nd that in (MY) (our) opinion	death occurred on the date and	
		1/11 A1 61	m	ATTENDING _		11/11-14-
	That 3	MIN K	"/	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	7115/1/
	THUS C	WARD	6/16	Rowna	od Bethe	100 20819
	BURIAL, CREMATION, REMOVA	WARD 1236 DATE		22e ADDRESS - ROUNTA EMETERY OR CREMATORY	23d. LOCATION LOUIS	COUNTY WITH THE
	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	WARD 1236 DATE	Metropo.	Rowna	Bithle 23d LOCATION CITY OF TOWN ALEXANDRIA	county Virgini

Selection in the selection of the select A PERSONAL TO A SECONDARY OF THE PARTY. market of the parties

in a nous after death

filled in by the fa

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

AFR	FO ST. RE		D		EALTH AND MENTAL H	0 /	G. NO.	9 6	2
	1. DECEAS	ED NAME FIRST	Be //e	w	OOD	20. DATE OF DEAT	ach 2"	7 1987	7:28/m
	3. SEX	emale	1 RACE Black	5. DATE C		6 AGE (IN YEARS LAS			HOURS MIN.
The same	COUN	1 70	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	+
1		R TOWN OF DEATH	1). NAME OF HOSPITAL,		DIVORCED [120 USUAL OCCU	PATION OST OF WORKING LIFE)		BUSINESS OR
9		SIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDEN		Home	130 STREET ADDRE	SS / ZIP CODE	Manha	ton Landre
		1 101	tgomery Beth	esde	YES NO D	5721 Gro	svenor 1	ane	208/14
O Se	Jan WAS	Tes Roberton U.S. Al	et Ande	AL SECURITY NO.	LILIAN 17 INFORMANT	AIDD	DDRESS	Nelson	
e medic			IVE WAR OR DATES)	10 5/10	Helen Ander	son 6101	16th st	N.W	#406
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDID-Pull NDNARY ARROY IMMEDIATE CAUSE (b) CARDID-Pull NDNARY ARROY IMMEDIATE CAUSE (c) CARDID-PULL NDNARY ARROY IMMEDIATE CA									MIE INTERVAL ISET AND DEATH
gumatic		inditions, if any, which	DUE TO, OR AS A CO	NEGUENCE OF	Tive HeA	RX- 石	Lune	2.	415
(F	(0	use (a), stating the derlying cause last.	DUE TO, OR AS A GO	NSEQUENCE OF	49 M	ellita	15	20	ns.
inl		RT 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION GIVE	N IN PART 110	
ows ony in	CERTIFICATION 160	DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				WERE FINDING	
m 18 3	0.0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
ked or #	Z Id	INJURY OCCURRED	218 PLACE OF INJURY		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
l is mar		I certify that (I) (this base saw the deceased alive or		7 19 01	19 5 and that in (my) worr opinion	on death occurred an ti			not (I) (we) l ast
T: If Item 2	226	STHATURE	B Salve	2 DU	DEORGE ATTENDING PHYSICIAN		STAFF IYSICIAN []	3-2	787
MPORTAN	226	TEORG	E B, PATI	RI, CATRA	20 ADDRESS 95	SA GOBI	150111- NG X	9 RO,	900
≥	23a. BURI (SPEC	AL, CREMATION, REMOVA	L 23b DATE	23c NAME OF C	EMETERY OR CREMATOR	Y 234 LOCATION	IN I	DINIY 16	A STATE

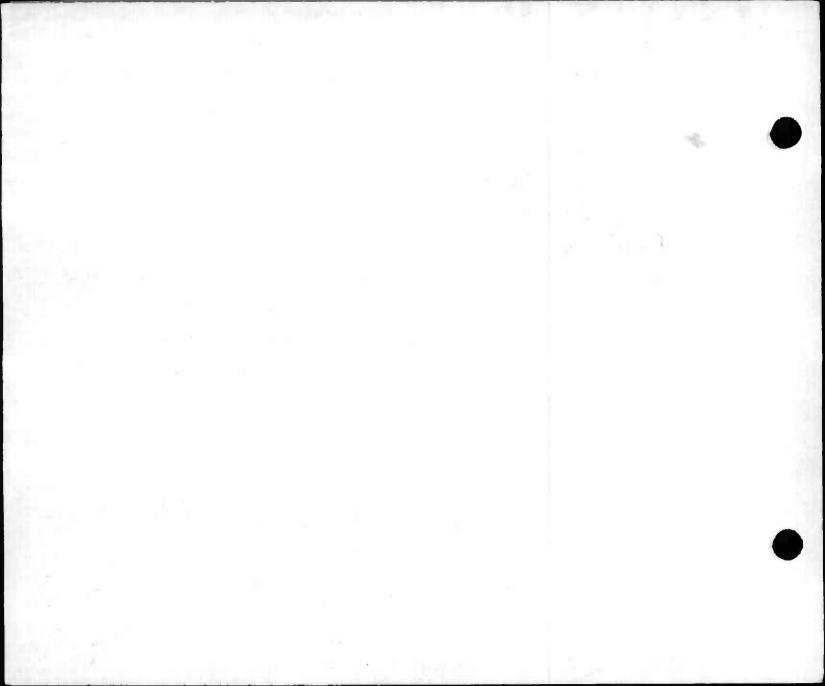
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coishould be detoched for use as the barial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

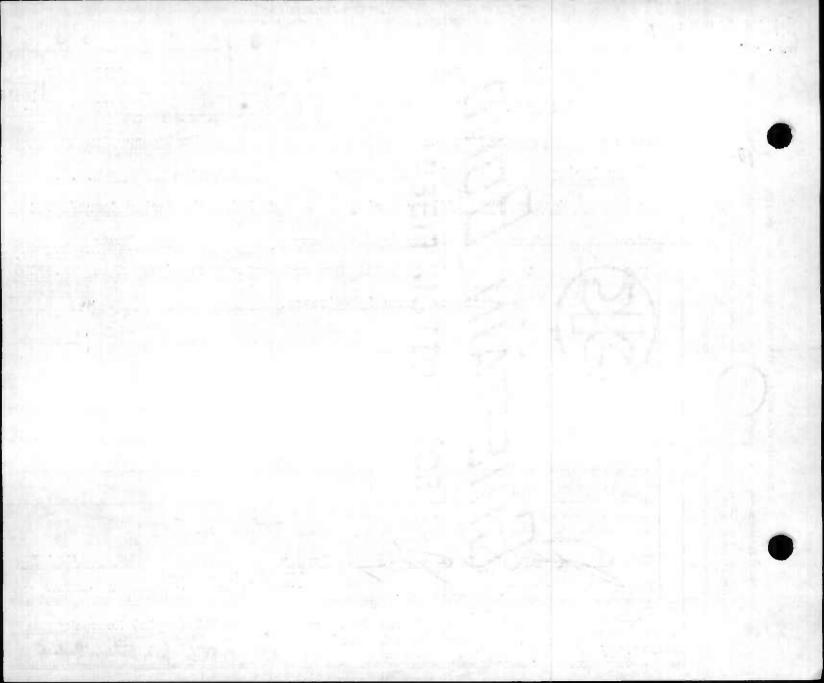
DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Rob NAME

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 16 987



DHMH - 17 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME Gilbert 20. DATE KNOWN (TYPE OR PRINT) FIAL DIRECTOR. PYOUR FILES. HIN 72 HOURS DEATH MATED 3 SEX AGE (IN YEARS IF UNDER 24 HRS. DATE MONTH 70 BIRTHPLACE BALTIMORE CITY MARRIED NEVER MARRIED FOREIGN COUNTILL inois USA DIVORCED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TY KIND OF A FOR MOST OF WORKING (IFE) museumologist OR INDUSTRY museum 13g STATE 13d. INSIDE CITY EMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arthur Bonneville Wright Nona 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO, OR UNKNOWN) 493-48-1572 Lydia Wright same as 100 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-ANER: THIS CERTIFICATE STATEMENT FOR THE MEDICATE, WRITING THE WORD "PENDING" EXAMINED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL PAGE 3 SHOULD BE USED AS BURGED TO THE STATE DEPARTMENT OF HEALTH AND MENTION OF THE STATEMENT OF THE STATEMENT OF BURGED TO THE STATEMENT OF THE STATEMENT O lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 2 le PLACE OF INJURY 21L LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.1 AFRER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE Inspection 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER John Silver Spring Md OR PRINT 236. BURIAL, CREMATION, REMOVAL 236. DAJE 4/6/87 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Metropolitan Crematory Karkkax Alexandria Fairfax Va BP 07/84 fulla Deridien R

24. FUNERAL DIRECTOR

V. Borgwardt

DHMH - 17

(VR A15 ME (5))

THE PROPERTY OF THE PROPERTY O TENTS THE DESIGNATION (121) APRIORITA ALL

uneral director, page 3

and completely

ipers. Poges 1 medicol

IMPORTANT: If Item 21 is marked ordem 18 shows any injury, or other traumatic event, the

deoth. Page

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. No. 1	9 6 5
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
IDF.	Э к.	WULF	April 18, 1987	9:45p. M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	White	July 4, 1902	84 YRS	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
Baltimore, Md.	U.S.A.	WIDOWEDEN DIVORCED	Montgomery	County, MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	ISING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR
Wheaton		Nursing Home	Saleswoman (Re	t.) Retail Clos
13a. STATE 13b CC	TO THE RESTRICTION OF THE RESIDENCE BEFORE TO THE RESIDENCE BEFORE TO THE RESIDENCE BEFORE TH		13e.STREET ADDRESS / ZIP CODE 8201 16th Stre	
14. FATHER'S NAME	negomery Silve	15 MOTHER'S MAIDEN N		eet, 7/010
FIRST	MIDOLE LAST	FIRST	WIDOLE	LAST
Jacob 180 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS	Cohen
[YES, NO OR UNKNOWN] [IF YES	, GIVE WAR OR DATES)			, Md. 20854
NO		9-8696 Annette Nova	k;Daughter;11805	Tifton Drive:
gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OLHER SIGNIFICAN	DUE TO, OR AS A CONSEC	QUENCE OF	MINAL DISEASE OR CONDITION GIV	/EN IN PART No
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive above, (I) (we) (did) I am	ospital attended the deceased from	9. 9. 2. and that in (my) our) opinion	death accurred on the date and hou	19, that (1) we) ast or and from the couses stated
276. SIGNATURE MYRON	X. Lenkin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224 DATE SIGNED 4/19/87
MYRON L	. LENKIN	220 ADDRESS 23	199 SHOREFIELD	720
230 BURIAL, CREMATION, REMOV		C NAME OF CEMETERY TO KORKAKOWA	X 23d LOCATION	COUNTY STATE
Burial	4/22/87 0	hey Sholom-Talmud T		TAIR STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

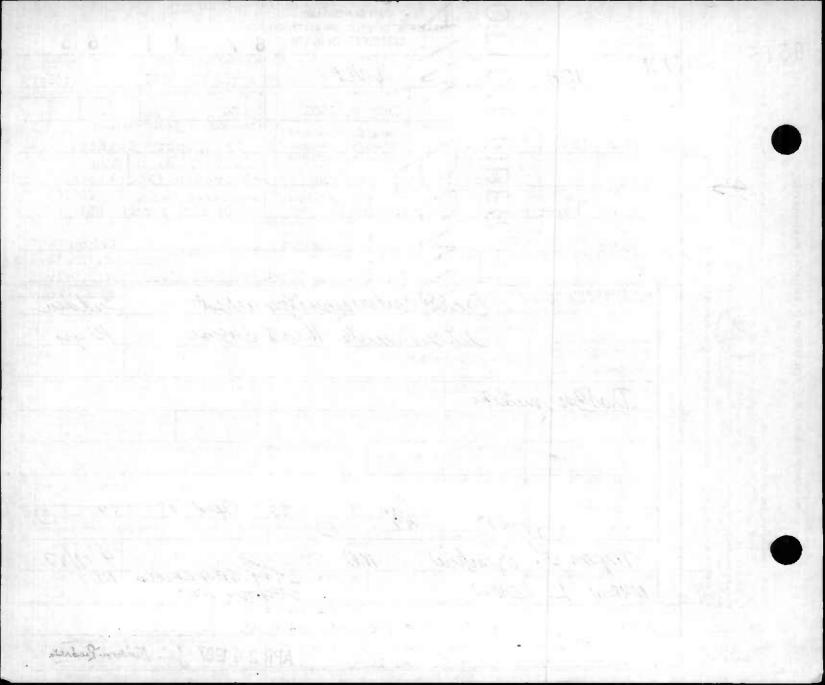
retained by the hospital or attending physician

BP

(VRA 15, 4)

4/22/87

Ohev Sholom-Talmud Torah: Washington D.C.
MEMORIAL CHAPELS APR 2 4 1987 APR 2 4 1987 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852



rerol director, page 3

n and completely filled in by the Pages 1 and 2 shapid be filled

ng physician

	•	STATE OF	MARYLAND

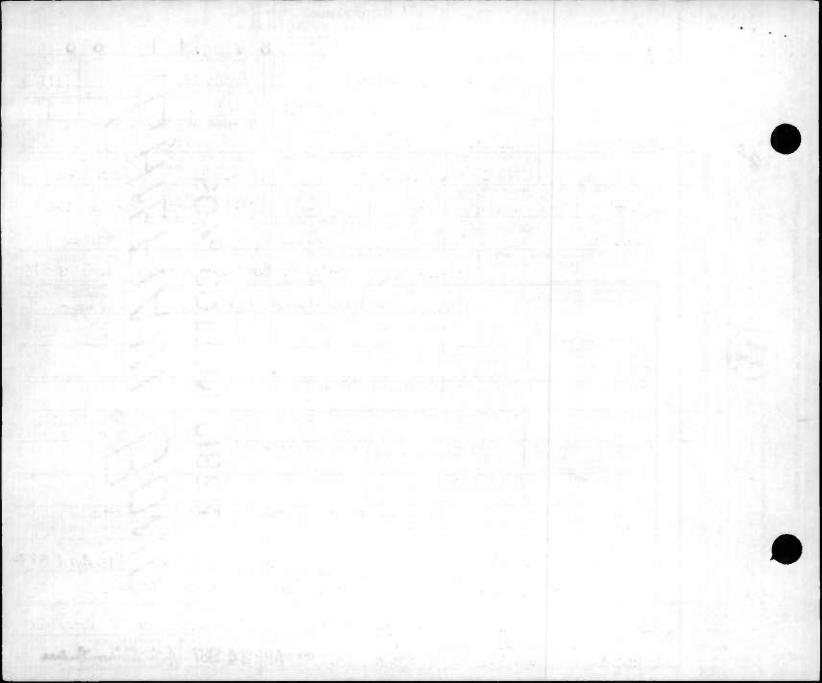
I, DECEASED NAME				CERTIF	ICATE OF DEATH	REG. N	0.	9 6	6
[TYPE OR PRINT]	FIRST		WIDDLE	l	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
(SK/KWII)	Alexano	tria	S.	Xeno	ikis	April 15	1987		1:15A M
3 SEX	4	RACE		5. DATE C		6. AGE LIN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
female		Caucas.	ian	Nov.	5, 1922	64	YRS.	IONINS DATS	HOURS MIN.
70. BIRTHPLACE (STAT	E OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Pennsylvan	ia	u.s.	A.	WIDOWE		Montgome	ery		MD
10. CITY OR TOWN OF	DEATH 1	(IF NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
Potoma USUAL RESIDENCE IF		7719 I	vymount T	errac	.e	homemaker		own h	rome.
Maryland	136 COUNT	omery	131. CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	ZIP CODE	errace	20854
14 FATHER'S NAME		DDLE	LACT		15 MOTHER'S MAIDEN NA				
Nichola	5	DUCE	Poulos		Bessie	WIDDLE		Scriv	ris
160 WAS DECEASED E		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
NO NO	(IF TES, GIVE	WAR OR DATES	218-12-8	719	Stanley S. X	enakis hu	isband	same	2 as #13
18 CAUSE OF D	EATH (Enter only	one couse per	line for (a), (b), and	d (c).)				APPROX	ONSET AND DEATH
DADT 2 OTHER		NDITIONS CO	ONITRIBUTING TO F	DEATH BUT					
					NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH?
19g DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED
19a DATE OF OP	ERATION S UNDERLYING CAUSE OF DEATH	19b COND 21b TIME O HOUR A.	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC	ERATION S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	21b. TIME C HOUR A. P. 21e. PLACE	ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED S OF DEATH?
19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AT WORK A 22a 1 certify tho sow the dec obove, (1) (w	SUNDERLYING	216. PLACE (AT HOME STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	OPERATIO AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 80 ad that in (my) (our) opinion of	200 AUTOPSY? YES NOTE NOTE CITY OF TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18 PA	WERE FIND II YING CAUSES O	NGS USED S OF DEATH? NO STATE that (I) (we) lost
190 DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AT WORK AT WORK OSOW the dec obove, (1) (w 22b SIGNAT)	S UNDERLYING	21b. TIME C HOUR A. P. 21e. PLACE [AT HOME. STI 1) ottended the Year When body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	OPERATIO AY YEAR 19 ARM. ETC.)	216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 80 DEGREE ATTENDING PHYSICIAN P	200 AUTOPSY? YES NOTE NOTE CITY OF TO	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18 PA	WERE FINDING CAUSES INTO TOR PART 2) COUNTY ond from the	NGS USED S OF DEATH? NO STATE
190 DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE NO AT WORK AT WORK 22a 1 certify tho sow the decobove, (1) (w 22b SIGNAT) 22d PHYSIC NA' 22d PHYSIC NA'	S UNDERLYING	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME. STI 1) oftended th G. A. A. View the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	OPERATIO AY YEAR 19 ARM. ETC.)	N WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET 19 80 and that in (my) (our) opinion of the company of the comp	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJIE CITY OF TO deoth occurred on the company of	20b. IF YES, IN CERTIFY YES JRY IN 11EM 18 PA DWN 1 lote and hour	COUNTY Ond from the	NGS USED S OF DEATH? NO STATE that (I) (we) lost
19a DATE OF OP 21a, ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE AVORE A 22a 1 certify the sow the dec obove, (1) (w 22b SIGNATINE 22d PHYSIC AN' 22d BURIAL, CREMATK	SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHILE CONTROL OF WORK I (I) (this hospito ce) (did) (did not) S NAME (TYPE OR IT TIMES WALL	21b. TIME C HOUR A P. 21e. PLACE (AT HOME. STI VIEW the body	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA is deceosed from ofter death.	OPERATIO AY YEAR 19 ARM. ETC.) (8 7, or	211. HOW INJURY OCCURR 211 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJIE CITY OF TO deoth occurred on the company of	20b. IF YES, IN CERTIFY YES JRY IN 11EM 18 PA DWN 1 lote and hour	COUNTY COUNTY	NGS USED SOF DEATH? NO STATE that (I) (we) lost a couses stated SIGNED
21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC WHILE NO AT WORK A 22a I certify tho sow the decobove, (1) (w 22b SIGNATI A) 22d. PHYSIC AN	SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHILE CONTROL OF WORK I (I) (this hospito ce) (did) (did not) S NAME (TYPE OR IT TIMES WALL	21b. TIME C HOUR A P. 21e. PLACE (AT HOME. 511) view the body VIEW THE B	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA ofter deoth.	OPERATIO AY YEAR 19 ARM. ETC.) (0 NAME OF C	211. HOW INJURY OCCURR 211 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET STREET 218 LOCATION STREET 218 LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJIE CITY OF TO TO APT Deoth occurred on the company MEDICAL STA DIRECTOR PHYSI Army Medic 230 LOCATION 1230 LOCATION 1230 LOCATION	20b. IF YES, IN CERTIFY YES JRY IN 11EM 18 PA DWN JOHN THE TENT OF THE TENT	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) lost
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the burial-transit permit. Then plant the State Dept. of Health and Mental Hygiene prior to burn

retained by the hospital or attending physician.

BP



213 101 40	1.	STATE REGISTRAR		DET ARTI		CATE OF DEATH	S 7 REG. N	0. 119	111	
oge 3		CEASED NAME FI		Chung	U	Yee	20. DATE OF BEATH Apri	1 30, 1		20 HOUR 12:30
ctar. pog s after de	3. SE.	Female	4 RACE Chine	21	SEPT		6 AGE (IN YEARS LAST BE		DERIYEAR S DAYS	IF UNDER 24 H
neral dire	70. BI	RTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF US A	WHAT COUNTRY?	8 MARRIEE WIDOWE		Ma-+	OR COUNTY OF D	EATH	
Softer of the fee of t	100	ty or town of death ver Spring	11. NAME OF 11901	HOSPITAL, NURSIN HEACHITY GIVE STREET Renick L	GHOME O ADDRESS) ane	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Teacher	OF WORKING HEE) IN		guilles y chools
mrst be	Må		nome or other institution. COUNTY on Egomery	Silve residence before	pring	13d. INSIDE CITY LIMITS? YES NO [11901 Renick	/ ZIP CODE Lane	2	20904
ompletely ompletely ond 2 si	14. FA	THER'S NAME FIRST Tan	WIDDIE	Chung		Shue	WIDDLE		e on g	
an and co		VAS DECEASED EVER IN L (ES NO OR UNKNOWN) (18 N/A	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES) N/A	433-40-7		Richard Yee	- husband- (KATE INTERVAI NSET AND DEA
signed by the attending plan plans to buried, and a plans to the plans to the plans of the plans	NO	Conditions, if ony, who gove rise to immedicouse (o), stating underlying couse 1	nich (b)	R AS A CONSEQUE	NCE OF		RMINAL DISEASE OR CON	IDITION GIVEN IN		nos
an. hos been permit. T ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WER		
HYSICIAN: The ading physicians are certificate burial-transit I Mental Hygie or Item 18 sha	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 214 INJURY OCCURRED	E OF DEATH HOUR A. XAMINER) P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21f LOCATION	URRED (ENTER NATURE OF INJU		OUNTY	STATE
TTENDING partal or atter TOR: After the for use as the af Heolthone 21 is marked	W	WHILE NOT WHILE AT WORK 22a 1 certify that (I) (No. sow the deceased of	becartal) ottended th	23. 198	+E-MB		to APPLL on death occurred on the d	30 19.8	7 . 1	hot (l) (we)
TO HOSPITAL OR A retoined by the hos, TO FUNERL DIREC should be detoched with the Store Dept.		A PHYSICIAN'S NAME	(TYPE OR PRINT)	unun		22e ADDRESS	MEDICAL STA	FF CIAN []	4/30	189
TO HOS	23a F	Ja URIAL CREMATION REA	ames Brown,		IAME OF C	14800 Phys	icians Lane,	Rockvill	le, M	d.

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

(SPEBurial May 2, 1987 George Washington FUNERAL DIRECTOR Hines/Rinaldi Funeral Home Stelver Spring, Md. 24 FUNERAL DIRECTOR (VRA 15, 4)

Ade 19hi Pr. Georges

dia Davidson Rendal

Md.

17b MIND PERUSINESSOR

IF UNDER 24 HRS

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL

BP.

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After this certificate has

TO FUNERAL DIRECTOR.

be detached for State Dept. of

If he

IMPORTANT:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	AKI	MEL	ш	Ur	ne	AL	.In	ANU	MENIAL	-
		C	E	RTI	FI	CI	ATE	OF	DEATH	

REGISTRAR		DEI ARIN	CERTIFICATE OF DEATH	8 / REG. NO.	191	5 8
DECEASED NAME	FIRST	WIODLE	LAŜT	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Marie	Burrier	Yingling	April 16,1987		6:27 P
SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		White	Nov. 25, 1893	93 YRS	MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (STATE COUNTRY) MD	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH	WE
IL CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	17h KIND C	E BUSINESS OR

Rockville	(IF NOT IN SU	CHEACHITY, GIVE STREET ADDRESS) Grove Advent		(1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	INDUSTRY Home
USUAL RESIDENCE (IF NUR 130. STATE MD	13b COUNTY Mont	13c. CITY OR TOWN ROCKVILLE	13d. INSIDE CITY LIMITS? YES NO	134.STREET ADDRESS / ZIP CODE 1235 Potomac Va	20850
14 FATHER'S NAME FIRST	MIDDLE	Burrier	15 MOTHER'S MAIDEN NA FIRST Jessie	WE	Shafer

	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	577-10-8768	A	Francis (c.	Yingling	Same	85	item	#	1
Ou	AAAD DECEMBED EAEK	IN U.S. ARMED FORCES:	100 SOCIAL SECURIT INC.	11/	II AL OKMANA		, 15					

DARKE DEATH MAC CALICER	rone couse per line for (a), (b), and (c), 1 BY: CAUSE (a) CARDIO PULMONARY ARREST	BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (16) HYPERTANSIVE CARDIO MYOPATHY	10 gr. +
gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	over 25 yr

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	
			YES NO	YES 🗌	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PAR	17 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	Own COUNT	Y STATE

220.1 certify that (I) (this haspital)	attended the deceased from	19 40	, to Box 16	. 19 27	, that (I) (we) li
AT WORK NOT WHILE AT WORK	(AT HOME, SIREET, FACTORY, OFFICE, FARM, ETC.)	31866			
21d. INJURY OCCURRED	21e PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR LOWN	COUNTY	STATE
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				

, and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated DEGREE ??c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22e ADDRESS

4701 Willard Ave. Chevy Chase, Md. 20815

Wyrth P. Baker	m.D.	4701 Willard Ave., Chevy	Chase,	Md.	2081
BURIAL, CREMATION, REMOVAL (SPECIAL)	236. DATE 4/21/87	23c NAME OF CEMETERY OR CREMATORY Durid Ridge Cem. Baltimore	MDCOUNTY		STATE

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE APR 2 7 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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Surfal 4/21/37 Jurid Hidge Der. seltinore, MD oserb Baller's long, Inc.

1.0	STATE	DEPA		EALTH AND MENTAL HYG	IENE	11010
0.0	REGISTRAN Barbar	a H. Young	CERTIF	ICATE OF DEATH	∼y REC NO	11690
I DE	CEASED NAME (FINE)	A MODE	1	LAST O	20 DATE OF DEATH	MAT JAY 126 HO
	MARION	AFF H.	YOU	194	*	Janil 1118/15/2
3 SE	X	4 RACE	DATEC		6 AGE (IN YEARS LAST	DAY FUNDER I YEAR FUNDER
	Female	White		ber 3,1899	87	YRS.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Eva	enston, Illinois		WIDOWE	DIVORCED X	Montgor	**
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 126, KIND OF BUSIN F WORKING LIFE) INDUSTRY
	neaton	Randolph Hills	s Nursi	ng Home		secretary-Y.W.C.
USU 13o.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	DR OTHER INSTITUTION GIVE RESIDENCE BE JNTY 136 CITY OR T	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE
Ma:		gomery Betheso	da	YESXXX NO	6313-West I	ZIP CODE Halbert Road 20
14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	ŁAST
TE!	Thomas F. Hol	lgate		Georgina H	Burdette	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 168 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS
	NO	343-16	-8054	Holgate Young	g(Son) Same	as #13
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	re Candio	Wish pr	parr
ATION	gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	TO DEATH BUT		INAL DISEASE OR CONI	206. IF YES, WERE FINDINGS USE
FICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)	TO DEATH BUT		20a AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	TO DEATH BUT		200 AUTOPSY? YES □ NO 🎖	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
AL CERTIFICATION	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT	IN WAS PERFORMED	200 AUTOPSY? YES □ NO 🎖	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH HORP P.M. 21e PLACE OF INJURY	TO DEATH BUT	21c. HOW INJURY OCCURR	20a AUTOPSY? YES NO SED (ENTER NATURE OF INJURE	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF EITHER NOTIFY MEDICAL EXAMINI	CONDITIONS CONTRIBUTING 19% CONDITION FOR WH 21%, TIME OF INJURY HOUR A.M. MONTH ER) P.M.	TO DEATH BUT	DN WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? YES □ NO 🎖	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF EITHER NOTEY MEDICAL EXAMINI 21d. INJURY OCC URRED WHILE NOTEY WHILE AT WORK	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	TO DEATH BUT	21c. HOW INJURY OCCURR	20a AUTOPSY? YES NO SED (ENTER NATURE OF INJURE	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF EITHER NOTEY MEDICAL EXAMINI 21d. INJURY OCC URRED WHILE NOTEY WHILE AT WORK	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH FER) 21e PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFF	TO DEATH BUT	21c HOW INJURY OCCURR	20a AUTOPSY? YES NO SEED (ENTER NATURE OF INJURE OF INJ	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
	gave rise to immediate couse (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILE LETTER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURTED WHILE ALWORK 27a. 1 certify the Units hosp	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH FER) 21e PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFF	TO DEATH BUT	21c. HOW INJURY OCCURR THAT IN PROVIDENCE OF THE OCCURR	20a AUTOPSY? YES NO SEED (ENTER NATURE OF INJURE OF INJ	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO REPORT TO PART 2) WAR COUNTY Ste and hour and from the causes s
	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETTIME NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d. 1 Certify thought this hosp saw the deceased after a contract.	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH FER) 21e PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFF	DAY YEAR	21c. HOW INJURY OCCURR THAT IN PROVIDENCE OF THE OCCURR	20a AUTOPSY? YES NO SEED (ENTER NATURE OF INJURE CITY OR TO , to	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO REPORT TO PART 2) WAR COUNTY Ste and hour and from the causes s
WEDICAL	Gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DILITARY MEDICAL EXAMINATION CONTRIBUTION CONTRIBU	TONDITIONS CONTRIBUTING 196 CONDITIONS FOR WH 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR FICE, FARMAN 9 23c, NAME OF C	21c. HOW INJURY OCCURS That in favor our) opinion of DEGREE ATTENDING PHYSICIAN 27e ADDRESS	200 AUTOPSY? YES NO SED CITY OR TO CITY OR TO MEDICAL STAF DIRECTOR PHYSIC PLY NULL PLANTAGE 123d. LOCATION	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO RY INITEM 18 PART I OR PART 2) WIN COUNTY Ste and hour and from the couses s 22c DATE SIGNED FIAN NO
WEDICAL C	gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (JE ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCC URRED WHILE NOTIFY MEDICAL EXAMINI 21d WORK AL WORK 27a.1 certify tho UD this hose saw they deceased alloy a country of the	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR FICE, FARMAN 9 23c, NAME OF C	That in favor our) opinion of DEGREE ATTENDING PHYSICIAN 222e ADDRESS EMETERY OR CREMATORY Crematory	200 AUTOPSY? YES NO MEDICAL MEDICAL DIRECTOR PHYSIC 23d. LOCATION CITY OR TOWN WASHINGTO	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO REPORT TO PART 2) WAR COUNTY Ste and hour and from the causes s

DHMH - 16 60M 7/84 (VRA 15, 4)

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